Clinical Lectures ON MEDICINE.

Delivered at the Middlesex Hospital.

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LECTURE V.

ON SOME OF THE VARIETIES OF ENTERIC FEVER.

GENTLEMEN,—You have recently had under your observation several cases of enteric fever, of which I shall avail myself to illustrate some of its most remarkable varieties. The varieties of enteric fever constitute a large and most important subject; for there is no malady that assumes a greater multiplicity of forms, or that leads to greater mistakes in diagnosis. In one lecture, however, we can only glance at some of the principal varieties.

In the first place, however, you must remember that, whatever form the disease assumes, every case of it is due to a specific poison, the source of which we shall not stop at present to consider. It does not become "*engrafted* upon" a remittent fever or a gastric catarrh, nor does it, in its course, "pass into" typhus or any other malady. From first to last the symptoms are due to the disturbance set up in the system by a specific poison.

As in many other diseases of the same class, the poison of enteric fever produces symptoms of a twofold nature—namely: (1) general pyrexia, with derangement of all the animal functions; and (2) local disease in one particular part of the body, which, in the case of enteric fever, consists of enlargement ending in ulceration of the agminated and solitary glands of the ileum. You know that in scarlet fever and diphtheria the poison not only causes fever, but a local disease in the throat; the poisons of measles and whooping-cough not only cause fever, but catarrh of the respiratory passages; and the poison of erysipelas causes both fever and an inflammation of the skin. The same rule holds good in enteric fever, and its recognition explains many of the varieties of the disease. In some cases the fever and general symptoms preponderate; in others, those of the local disease; in a third class both are prominently developed; while in a fourth, both occur in the mildest form, or there may be no symptoms whatever to denote the existence of the local lesion.

I shall in the first place bring under your notice examples of the disease in which the general symptoms preponderated.

CASE 1. *Enteric fever; death from acute congestion of the lungs on the thirteenth day.*—Marian B——, aged twenty-eight, was a sister in one of our wards. As a girl she had been delicate, and she had always exhibited a proneness to acute specific diseases. When twenty-one years of age she caught typhus in St. Thomas's Hospital; and this fact, by the way, is interesting, as showing that an attack of typhus in no way protects from one of enteric fever. When twenty-five, though vaccinated, she contracted small-pox; and in the following year she was laid up for five weeks with scarlet fever. Ever since this attack of scarlet fever she had never enjoyed good health: she had been anæmic, and had suffered from leucorrhœa and irregular menstruation, and attacks of bilious vomiting; and in her twenty-eighth year she had been laid up with pneumonia. She was evidently a bad subject for any fresh acute disease.

On the 17th of last September (1870) her fatal illness commenced with chilliness and thirst, but for two days she went about and attended to her duties. On Sept. 19th she took to bed, complaining of very severe headache and frequent attacks of violent retching, with high fever. She had intense thirst, and her appetite was capricious; there was no tenderness or distension of the abdomen, and the bowels were constipated. Dr. King, the resident medical officer, who saw her, ordered aperients, salines, and bromide of potassium. On Sept. 23rd (seventh day), when I first saw her, the same symptoms persisted. Pain in the head still intense, and described as of a bursting character, with occasional flashes of light before the eyes; no sleep for several nights; mind clear; still frequent vomiting; tongue thickly coated and white; bowels confined; pulse 120; temperature 103·4°; no eruption on the skin. She was ordered five grains of calomel as an aperient, a diaphoretic mixture, and an opiate draught at night. On Sept. 24th it was noted that she had slept for several hours after the opiate, but that her general condition was unchanged. Sept. 25th (ninth day): Pulse 120; temperature 102·2°; no eruption; less headache and vomiting; manner a little odd. In the evening of this day the patient had evidently become much worse; pulse 120; temperature 103·4°; respiration 44; signs of hypostatic engorgement of both lungs; wild, anxious look, with delirium, subsultus, and tremors. Sept. 26th (tenth day): Pulse 112; respiration 60, and irregular; temperature 104·8°; tongue dry; bowels confined; no albumen in urine; still has headache and vomiting, but both are less urgent; occasional delirium; a few petechial spots, but none characteristic of any form of fever. Ordered, brandy, ether, and ammonia; and sinapisms to the chest. Sept. 27th: Same symptoms continue, with the addition of carphology; respiration 60. Ordered, small doses of turpentine, with ether and brandy. At 9 P.M., pulse 135; respiration 65; temperature 104·8°; increased congestion of lungs. Ordered dry cupping to chest. Sept. 28th (twelfth day): Headache and vomiting ceased, but does not appear better; is more heavy. This morning, for the first time, had three ochrey stools; pulse 128; temperature 103·4°; no eruption. The chest was again dry-cupped. Sept. 29th (thirteenth day): Is worse; pulse 126; respiration 60, and embarrassed; face and lips livid; moist râles heard all over the chest, but has no power to cough; albumen ($\frac{1}{5}$ in volume) in urine; temperature 103·2°; tongue dry; no more diarrhœa; very heavy and prostrate, but appears conscious. Eight ounces of blood were taken from the chest by cupping; while at the same time brandy, ether, and ammonia were given freely. The breathing appeared to be temporarily relieved by the cupping, but the patient died at 7.30 P.M.

Although it is not the custom to examine the bodies of nurses dying in hospital, yet as it might have been argued that this was not a case of enteric fever, permission was obtained to examine the lower three feet of the ileum. In the specimen now before you you see the characteristic lesions of enteric fever in an early stage. The agminated and solitary glands are much enlarged and elevated, but ulceration has not yet commenced.

The points which I wish you particularly to note in this case are: 1. That the early symptoms—violent headache, vomiting, and constipation—were the symptoms of meningitis rather than of fever. 2. That there was no diarrhœa, and, in fact, that the bowels did not act, except from medicine, till thirty-six hours before death. 3. That the conventional symptoms of enteric fever—abdominal distension, pain, and gurgling—were all absent. 4. That there were no typical rose spots. 5. That the unusually high temperature coexisted with a great severity of the general symptoms. According to Trousseau, no person recovers from enteric fever if the temperature exceeds 105°; and although this assertion may be too dogmatic, the exceptions to it are rare. 6. That death was due to acute congestion of the lungs, commencing in their dependent parts, and rapidly extending over the whole of both organs. The object of the cupping was to relieve this congestion and avert the impending asphyxia. 7. That death occurred as early as the thirteenth day. It is not often that we have, as in this case, an opportunity of seeing the lesions of enteric fever before ulceration has commenced.

CASE 2. *Enteric fever; sudden acute delirium on the fifth day.*—This case I saw in private, but it is well worthy of your attention. The patient was a German gentleman, aged forty, who had been much excited by the present war. After about four days of slight malaise, which attracted little notice, he passed suddenly into a state of acute maniacal delirium, requiring two men to hold him down in bed, and absolutely refusing all food. With this there was fever, the pulse being quick, and the temperature 102°, a dry tongue, and slight diarrhœa; but no spots. The patient was ordered half a drachm of hydrate of chloral every two hours. After the second or third dose, he slept well; and

next day he was quiet and much better in every way, but the fever ran its course.

In several instances I have known acute maniacal delirium manifest itself on the first day of an attack of enteric fever. The case is then apt to be mistaken for one of insanity, and in more than one instance I have been consulted under such circumstances as to the propriety of removing the patient to an asylum. Similar cases are referred to by many writers as enteric fever; but I would particularly refer to an essay of which an abstract is published in the *Archives Générales de Médecine* for 1868 (vol. xi., p. 504), in which the author, M. Motet, describes cases of enteric fever which, from the early occurrence of acute delirium, were mistaken for insanity, and actually removed to an asylum. You will readily understand the serious nature of such an error in diagnosis.

The next case is an illustration of enteric fever causing great derangement of all the functions in the body, as well as symptoms directly referable to the intestinal lesion. The case also illustrates what I have so often endeavoured to impress upon your attention—viz., the difficulty that sometimes arises in distinguishing between enteric fever and acute tuberculosis.

CASE 3. *Enteric fever simulating acute tuberculosis.*—Mary Ann B——, aged twenty-five, was admitted into the Middlesex Hospital on Oct. 11th, and died on Oct. 17th, 1870. She was an only child, her mother having died early in life of consumption. The patient's own previous history also pointed to chronic pulmonary phthisis. She had never been strong, and for many years she had suffered from cough, which for twelve months had been much worse, and been accompanied by emaciation and night-sweats. Her friends stated that about twelve days before admission her previous symptoms had undergone a great aggravation. The cough became much worse, and was attended by copious purulent expectoration. There was much fever, with profuse perspirations, rapid emaciation, and great prostration.

On admission, the patient presented exactly the appearance of a person in an advanced stage of phthisis. She was extremely prostrate and emaciated, and had a circumscribed pink flush on the cheeks, which came and went. The pulse varied from 120 to 140, and the temperature from 101° to 103·5°. Whenever she slept she was bathed in profuse perspirations, and her hands were quite sodden. The respirations were 40, and there was great dyspnœa; the patient expectorated a large quantity of creamy pus, the voice was husky, and coarse moist râles were heard everywhere over both lungs. The tongue was dry and red, the abdomen flat, and there was no diarrhœa. The skin of the trunk was covered with miliary vesicles, but there was no other eruption. To these symptoms must be added constant delirium and sleeplessness.

The treatment consisted in stimulants, quinine, mineral acids, and the hydrate of chloral to induce sleep. No improvement took place. On Oct. 15th the patient lost upwards of a pint of liquid blood from the bowel; and although the hæmorrhage was checked by the administration of acetate of lead and opium, she rapidly sank, and died on Oct. 17th.

At the autopsy no tubercle was found anywhere. In the lower part of the ileum there were numerous so-called "typhoid ulcers," from all of which the sloughs had separated, and whose margins were formed by loose fringes of mucous membrane. The ulcers which I show you are unmistakably those of enteric fever, and have not the slightest resemblance to those produced by tubercle. The lungs were intensely congested and œdematous; there was commencing lobular pneumonia in the lower lobes of both, and recent lymph on the surface of the left. At the entrance to the larynx there were several small ulcers, the largest forming a deep excavation in front of the epiglottis, and being the apparent source of the pus which was expectorated during life.

The chief point to note in this case was the remarkable similarity of the symptoms to those of acute tuberculosis. Hectic fever is common to both enteric fever and phthisis; but the absence of diarrhœa or other abdominal symptoms, and of rose spots, lent no support to enteric fever; while the patient's history and the pulmonary signs and symptoms pointed strongly to phthisis. Only one symptom was more in favour of enteric fever than of phthisis, and that was the copious intestinal hæmorrhage two days before death. Copious hæmorrhage from the bowels is a common symptom in enteric fever, but is a very rare result of the tubercular ulcer.

The following case illustrates the danger in enteric fever from the local disease:—

CASE 4. *Enteric fever; perforation of the bowel and peritonitis.*—Horace B——, aged fifteen, was admitted into the hospital on Sept. 20th, 1870. Three or four weeks before, he had been seized with shivering, which was followed by loss of appetite and emaciation, slight cough, and occasional vomiting, but no diarrhœa.

When brought to the hospital the boy was weak and thin. He had fever with evening exacerbations, but no spots; mind clear; tongue moist and white, but red at edges; bowels regular; abdomen neither distended nor tender; but occasional vomiting. The boy had a frequent hacking cough, and a few moist râles were heard over his lungs. He was treated with quinine and mineral acids.

On Sept. 25th rose spots were noted for the first time, and there were several loose ochrey motions. On both cheeks there was a hectic flush. The boy continued to vomit at intervals; and on Oct. 1st there was still moderate diarrhœa, the abdomen was distended and tympanitic, and there was tenderness in the right iliac fossa. At 9 P.M. on Oct. 3rd the patient had a distinct rigor, and the temperature, which in the morning had been 99·3°, and in the evening of the 2nd 102·2°, rose to 103·4°. This rigor ushered in all the symptoms of acute peritonitis—collapse, sunken features, copious sweat, thoracic breathing, flexion of the thighs and knees, tension and tenderness of the abdomen, frequent vomiting, and suppression of urine. On Oct. 5th the pulse was 165, respiration 57 and thoracic, temperature 105°. At 3.45 P.M. the boy died. Opium had been given freely with no effect.

On examining the body there were found all the signs of recent acute peritonitis. There were two perforations in the lower part of the ileum—one an inch and a half above the valve, gaping and allowing the intestinal contents to escape; the other nine inches higher up, and closed by recent adhesions, gluing the ileum to the colon. The sloughs had all separated from the intestinal ulcers, and most of the ulcers seemed to be healing.

The circumstances most deserving of notice in this case were these:—1. Before the occurrence of peritonitis the symptoms had been comparatively mild, and till five days before there had been no diarrhœa. 2. The symptoms pointing to the occurrence of peritonitis were well marked. In many cases of enteric fever, however, peritonitis is latent, and its occurrence is overlooked. It is important to remember that there may be peritonitis without either pain or vomiting, and that a sudden increase of prostration and thoracic breathing may alone denote its presence. 3. The symptoms of acute peritonitis were preceded for many days by vomiting. Vomiting in or after the third week of enteric fever ought always to be regarded as a serious symptom. In a large number of cases it is either the presage of peritonitis or an indication that this has actually commenced.

The foregoing cases are all formidable examples of the malady. Many cases of enteric fever are, however, so mild, both as to local and as to constitutional symptoms, that there is difficulty in recognising the disease. There may be no diarrhœa, no abdominal distension or pain, and the appetite may even, to some extent, be retained; symptoms of pulmonary and cerebral derangement may likewise be absent. These cases are characterised by—1. A mild remittent fever, with evening exacerbations subsiding with more or less perspiration, and with the temperature scarcely if at all elevated during the remissions. The pulse may scarcely if at all exceed its natural frequency. 2. The tongue is moist, coated with a thin white fur, and a little too red at the tip and edges; or it may be perfectly clean and natural. 3. Daily increasing debility. 4. Emaciation. 5. Rose spots may or may not be present. 6. No local disease to account for the symptoms.

Cases answering to this description are commonly regarded as distinct from enteric fever, and are often designated "simple continued fever." Those of you who take the trouble to peruse the weekly reports of the Registrar-General cannot fail to perceive that simple continued fever, distinct from typhus, enteric, or relapsing fever, is reported to be a common cause of death in this country. At the

present moment it would appear to be destroying a greater number of persons than typhus itself. It is not a little remarkable, however, that in the fifteen years I have been connected with the London Fever Hospital, I have never known a patient die of simple continued fever as distinct from typhus, enteric, or relapsing fever. I have accordingly come to the conclusion that these cases of so-called simple continued fever are, for the most part, enteric fever devoid of its usual characters, but terminating in death from some accidental complication. This view has been strengthened by the fact that in practice I have met with many cases which have been regarded as simple continued fever, without any intestinal lesion, but which I have had no hesitation in declaring to be enteric.

One circumstance which has contributed to what I conceive to be this error in diagnosis is the common belief that diarrhœa and other abdominal symptoms are essential to enteric fever. This belief it seems to me has been confirmed by the very designation *enteric*, commonly applied to the form of fever under consideration, and now endorsed by the high authority of the Royal College of Physicians, but which I humbly think is open to as grave objections as the term *typhoid*, for which it has been substituted. Anatomically, the designation is no doubt strictly applicable, but clinically it is not. In a large number of cases of "enteric fever" there are no enteric symptoms—no diarrhœa, no abdominal distension, pain, or tenderness, and no gurgling—from first to last. It is not surprising, then, that in practice, when it is only possible to regard the case clinically, many medical men refuse to call a fever enteric in which there are no enteric symptoms.

Several mild cases of enteric fever answering to the above description have been under treatment in my wards during the last twelve months. One of these cases I may briefly recall to your memories.

CASE 5. *Enteric fever; mild attack, followed by a relapse; no abdominal symptoms.*—Frederick J——, aged eighteen, was admitted under my care on Oct. 21st, 1869. He had been taken ill on Oct. 2nd with headache, vertigo, pains in limbs, weariness, and loss of appetite; but he had not taken to bed until Oct. 16th. His brother was in another hospital suffering from fever and diarrhœa; but at no time, either before admission or subsequently, did Frederick J—— have diarrhœa, sickness, pain, tenderness or distension of abdomen, or delirium. His chief symptoms were these:—He had fever of a remittent type; his temperature in the morning was about 101°, but it would rise in the evening to as high as 103·5°; his pulse never exceeded 90, and in the morning it might be as low as 60; there were slight perspirations during sleep, and now and then a few obscure rose spots were noted on the skin; occasionally there was slight epistaxis; the tongue was moist and coated with a thin white fur, but was red at the tip and edges; there was little appetite and moderate thirst, and the bowels were so costive that the patient would go for three, or even seven, days without any relief. As the disease progressed, there was considerable prostration and emaciation. About the thirtieth day the patient appeared convalescent, and the temperature regained its normal standard; but after a week's interval he had a relapse, with fresh rose spots, which lasted about twelve days, and ran exactly the same course as the first attack. On Dec. 7th the patient left the hospital well.

It may be asked, however—How are we to diagnose enteric fever if its recognised pathognomonic symptoms be wanting? In reply, it must be admitted that in many cases a diagnosis can only be arrived at by a process of exclusion; but, practically, I believe that the rule which I am about to lay down will in most instances be found to hold good. A fever which *in this country* (aguish districts excepted) persists beyond seven days, and is unattended by any cutaneous eruption, or by signs of local disease in the head, chest, or elsewhere, is typhoid or enteric fever, even though there be no symptoms directly referable to the intestinal lesion. In all such cases you ought to suspect the existence of intestinal disease—I do not say ulceration, but disease—of the agminated and solitary glands of the ileum. The enlargement of these glands, which goes on increasing till the tenth day, may then resolve, instead of proceeding to ulceration; but, unfortunately, it is impossible from the symptoms to decide which of these courses the intestinal lesion is pursuing, and ulceration is certainly the more common result. But the question naturally arises, and in fact is constantly put, as to what grounds there are for saying that in the cases of fever I have now described there is any intestinal lesion at all. Patients with these mild attacks usually recover; no opportunity is afforded of seeing the intestinal lesion; and if it gives rise to no symptoms, how do we know that it exists? The grounds for the opinion now expressed are these:—

1. Mild cases of continued fever answering to the above description are constantly found occurring in the same house, and at the same time, as well-marked examples of typhoid or enteric fever. The two forms appear thus to have a community of origin.

2. Many, though certainly not all, of the mild cases I have described present successive crops of lenticular rose spots, identical with those met with in typical enteric fever.

3. Lastly—and it is this important practical fact which chiefly justifies these remarks,—although the majority of these mild cases recover, it now and then happens that after several weeks such a case terminates suddenly in fatal hæmorrhage or perforation. Over and over again I have met with patients with a mild attack of fever, which has caused little anxiety, and in which the existence of intestinal disease has perhaps not been dreamt of until the occurrence of profuse intestinal hæmorrhage or acute peritonitis has revealed the real nature of the case. In several instances of this sort I have known the bowels to be obstinately constipated up to, or almost up to, the outburst of the fatal symptoms, which have occasionally appeared to be determined by the incautious use of solid food, by the injudicious administration of a purgative, and still more by the patient being permitted to get up and move about at a stage of the disease when a thin film of peritoneum was all that separated the intestinal contents from the abdominal cavity. Indeed, with regard to perforation in enteric fever, it has been a common observation, that in a large proportion of cases where it occurs the intestinal lesion has been latent, and the case altogether mild, prior to the occurrence of peritonitis; while anatomical research has shown that in many cases the perforation is due to a laceration of the denuded peritoneum.

[Since this lecture was delivered, I have met with a passage in Trousseau's Clinical Lectures, which so closely coincides with the opinion I have long held, and above endeavoured to express, that I venture to transcribe it. In one of his lectures on Dothinenteria he observes:—"You have seen a considerable number of cases in which the general symptoms at first consisted only of a feeling of discomfort, lassitude, pains in the limbs, and a certain amount of uneasiness in the bowels; the tongue slightly red at the point and edges, covered with a thin whitish fur, was a little swollen, so as to show the marks of the teeth; there was anorexia, with little or no fever, and the pulse sometimes even below the normal frequency; the skin was somewhat dry, *and there were either no stools, or the bowels were as regular as usual.* We sometimes see our patients continue in this condition for from *twelve to thirty days, without the symptoms being sufficiently urgent to oblige them to take to bed*; but at other times, after this stage has gone on for twelve or fourteen days, formidable symptoms all at once set in, it may be without appreciable cause, or it may be from indigestion caused perhaps by eating quite moderately, and then the disease declares itself by more characteristic symptoms, and with more or less severity. Well, in these cases of mild dothinenteria, to which the term 'latent' has been applied, you will have been able to verify the existence of the intestinal eruption quite as well as in cases attended by the most dangerous symptoms."*]

I could give you the details of many cases as evidence of the truth of what I have now said; but within the last few days you have had an opportunity of witnessing such a case for yourselves.

CASE 6. *Enteric fever running a mild course up to the occurrence of fatal peritonitis.*—Thomas K——, aged seventeen, a painter, was admitted under my care on October 14th, 1870, and died within twenty-four hours. When first admitted he had all the symptoms of acute peritonitis—viz., features pinched, and body covered with a cold clammy sweat. Pulse 140; respiration 56, and thoracic; abdomen

* Trousseau's Clinical Lectures. Translated for the Sydenham Society by Dr. Rose Cormack, vol. ii., p. 318.

distended, tender, and motionless, and legs drawn up; frequent vomiting, and scanty urine.

The history obtained from his mother was this. The boy had followed his work till Oct. 7th, although for ten days before he had complained of being "out of sorts." He had no diarrhœa, and was not thought to be seriously ill; and, in fact, had kept going about until the afternoon of the day preceding admission, when he was obliged to go to bed on account of a sudden seizure with acute pain in the abdomen, followed by the symptoms for which he was brought to the hospital.

When the body was examined after death, numerous "typhoid ulcers" were found in the ileum of a stage answering to about the eighteenth or twentieth day of the disease. One Peyer's patch, twelve inches above the valve, had sloughed out bodily, leaving an opening through all the coats of the gut, through which the finger could be passed. The contents of the bowel were found in the peritoneum, and there were the signs of extensive recent peritonitis.

The practical lessons which I wish you to draw from the remarks I have now made are these:—

1. Even in the mildest cases of enteric fever, where there are no enteric symptoms, it is important to recognise the existence of the intestinal lesion, because at any time this may become suddenly a source of danger.

2. In all cases of enteric fever, during the third and fourth weeks, you must never omit to enjoin upon the patient's friends the necessity of maintaining absolute rest of body, and of abstaining from solid food and the use of purgatives.

ANEURISMS IN THE VESSELS OF BOTH LOWER EXTREMITIES.

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TSANG SIN-NAU, a native of Niang-yuan, in the department of Ningpo, aged fifty-eight, but apparently much older, was admitted on the 27th March, 1870, into the Hongkew Hospital, under my care. He had suffered very great misery for three years. Several months before applying for help he had noticed swellings in his thighs, which gradually increased in size. Within forty days, however, the increase had been so rapid, and was accompanied by so much pain and powerlessness, that he was afraid longer to trust to the treatment (by stimulating plasters) of native physicians.

On admission, a pulsating tumour, about half as large again as an orange, was found in Hunter's canal, on the right side; and a tumour of similar character, but of smaller size, occupying the lower half and apex of Scarpa's triangle, on the left side. So much pressure was made upon the nerves of the anterior surface of the thighs that walking was almost impossible, partly in consequence of loss of muscular power, but chiefly from the intense pain caused by motion. Manipulation of the superficial arteries did not detect any symptom of general atheromatous degeneration, nor was there any evidence of thoracic or abdominal aneurism. The patient was so nervous and irritable that any attempt at keeping up compression would have been manifestly useless, added to which Chinese nurses could not be trusted for the purpose. He was therefore put to bed, ordered a generous diet, and fifteen minims of the tincture of perchloride of iron three times a day. Under this treatment his general health rapidly improved, but the tumour on the right side increased so quickly, with pain and loss of power, that I considered it advisable to ligature the superficial femoral without delay. Accordingly I did so on the 5th April. The limb was enveloped in cotton, and hot bottles applied to the leg and foot. Food and medicine as before, and opium as needed.

April 7th.—Wound nearly healed, except where the ligature passed through; leg quite warm, and skin sensitive; pain much diminished; tumour obviously smaller, quite hard and pulseless, with the skin, which had been tense and glazed, thrown into folds over it. Appetite excellent, and the patient in good spirits. From this day there was no more pain on the right side, and the power of moving the leg was gradually restored. Meanwhile the pain on the left side became daily more intense, and the tumour gradually more increased in size. On the 15th, the skin was glazed, but the pulsation seemed diminishing. Four days afterwards (19th), the tumour was as large as the head of a full-grown fœtus, but the pulsation had entirely disappeared, due, I thought, to extensive inflammation round or in the sac. (Compare Parker's case reported by Monro, Erichsen's "Observations on Aneurism," page 117.) There was no œdema of the leg, no diminution of temperature. It was now evident that no time was to be lost, but I wished to wait as long as I safely could, in order to give time for more perfect occlusion of the artery on the right side. Next day (20th), the tumour had visibly increased, but the skin, though highly glazed, did not seem to threaten immediate rupture. I ordered a grain of opium every three hours, and extract of belladonna to be applied to the tumour. I now quote from my case-book:—

21st.—Much fever from the constant pain; tumour enlarged to the extent of an inch in circumference since yesterday; ligature on right side still quite firm. Resolved to tie external iliac next morning, notwithstanding the risk of secondary hæmorrhage from the right femoral.

22nd.—The tumour now filled Scarpa's triangle. Having obtained the assistance of Dr. G. K. Barton, and of my colleague, Dr. E. Henderson, I ligatured the external iliac on the left side according to Abernethy's plan. There was no bleeding, and the state of emaciation in which the patient was much facilitated the operative measures. The usual precautions were taken, but four hours after, the toes were perfectly cold, although the foot and leg were but slightly below the temperature of the opposite side. However, in twelve hours, warmth was completely restored to every part of the limb. Opium in one-grain doses was administered at short intervals during the twenty-four hours after the operation.

23rd.—The patient announced himself as "quite well," except for the soreness of the wound. The opium was stopped, and milk, rice, &c., ordered. No pain whatsoever.

24th.—Slight fever; wound suppurating freely. Tumour on left side smaller and much softer. Castor-oil enema.

26th.—Right femoral pulsating violently. The patient is so thin that this is seen and felt more readily than it otherwise would be; but as it is it is most alarming. One grain of opium every fourth hour. During the night the patient suddenly began to sink. Pulse 146; respiration much hurried, and large collection of mucus in air-passages. Brandy, ammonia, and chloric ether brought him round for the time, and they were ordered to be repeated every hour.

27th.—Alarming symptoms all abated. Wound suppurating profusely. Ordered beef-tea in addition to the milk diet, and a pill containing one grain of opium and two grains of quinine every fourth hour, with a tablespoonful of brandy. Pulse 106.

30th.—Wound sloughing extensively, and there is apparently suppuration in or around the sac. Applied strong carbolic acid round the edges of the wound, and water dressing. Generous diet, with port-wine, &c. No moderate amount of traction on the ligature upon the right femoral has any effect in loosening it.

May 8th.—Ligature on right femoral artery came away (34th day). Wound in abdominal walls slowly filling up. Dressed it with lint soaked in a solution of ten grains of sulphate of zinc to one ounce of water. The tumour on the left side, although still large, has diminished considerably. Fluctuation can be detected at its base; but laying the hand over its surface gives the sensation of firmness and elasticity.

12th.—Wound again showing a tendency to slough at the edges. Pencilled it freely with nitrate of silver, and added a pint of stout to the diet previously ordered. Wound on right side quite healed, and tumour in Hunter's canal almost imperceptible.

16th.—Ligature on left external iliac came away (24th day). Wound looking perfectly healthy.

From this day the patient steadily improved, the wound at length seeming merely skin-deep, and rapidly closing. On the 28th, however, without any apparent cause, he

suddenly began to sink; his extremities became cold, and the left foot and leg blue and œdematous. Stimulants of all kinds were tried, but to no purpose, and he died at 8.30 A.M. on the 29th. At 10.30 A.M. I prepared for a post-mortem, but, owing to the prejudices of the Chinese, nothing beyond the most cursory examination was possible.

An incision was made along the course of the left femoral from the brim of the pelvis to the opening in the adductor magnus. The tumour was not adherent anywhere to the skin. Immediately beneath the skin was a thick leather-like structure, consisting of the superficial and deep fascia, areolar tissue, and a little fat, all matted together by the pressure of the tumour. Having carefully removed this, the femoral artery was brought into sight, dragged inwards over the vein at the brim of the pelvis. The profunda arose one inch below Poupart's ligament, and the aneurismal tumour commenced a very little below this, but in nowise implicated the profunda. A dark, ecchymosed, softened structure that stretched over the anterior surface of the tumour, and was about one-tenth of an inch thick, was with difficulty recognised as the sartorius; but on tracing it to the anterior superior spine it was found attached to it by a few softened fibres, the remainder of the origin having evidently been torn away. Removing this, the tumour came into full view, with two collections of semi-coagulated blood on either side, immediately behind where the muscle crossed it. These were found to proceed from two small openings, each situated in the middle of a softened patch in the wall. Laying the tumour open from end to end, about a pint of blood, of the appearance of currant jelly, but of softer consistence, and showing no sign whatever of putrefaction, was removed. At the lower outlet was one clot somewhat more firm, moulded for about half an inch to the artery; but there was no attempt at organisation. Posteriorly and externally the wall of the tumour was adherent to the shaft of the femur. An irregular hard cord was the only trace of the adductors; and the quadriceps extensor, though not so nearly obliterated, was also wasted to an almost incredible degree. The tumour overlapped the lower outlet in a somewhat remarkable fashion. Both immediately above and immediately below the tumour the artery appeared healthy to the human eye. The femoral vein, as well as could be ascertained without dissecting the artery completely away, lay throughout internal and posterior to the tumour. Here the examination had to be discontinued, and I was unable to ascertain the condition of the artery at the seat of ligature.

I would draw attention to the rapid coagulation of the blood, and organisation and absorption of the contents of the aneurism on the right side, when the patient was in a state of very great exhaustion; to the satisfactory result of the ligature of the left external iliac, so far as the occlusion of that artery, diminution of the tumour, abolition of pain, and subsequent restoration of circulation through the limb, went; and, finally, to the almost complete absence of coagulation in the blood contained in the tumour on the left side when the constitutional state of the patient was vastly improved. In the absence of a complete post-mortem examination, I confess myself quite unable to account for the death of the patient, as it can hardly be ascribed to the slight extravasation of blood after the gradual rupture of the sac.

Shangai, June, 1870.

CARDIAC IRREGULARITY.*

BY J. MILNER FOTHERGILL, M.D.,
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CARDIAC IRREGULARITY is a symptom next in frequency to palpitation, but perhaps, in import, more generally understood and agreed upon. Cardiac irregularity is a more marked disturbance of balance of powers than palpitation, and is more confined to chronic evidence of cardiac inability, though still oftentimes associated with the innervation only. It is thus associated with palpitation naturally as well as diagnostically; the two run into each other, now and then inseparable, and at other times distinct.

It will perhaps help to elucidate this confessedly complex subject, and to render the evidence and argument clearer to those readers who have not made cardiology a special study, to review the normal mode of action going on in the heart. The heart is a collection of bundles of organic muscular fibre in layers, the number of which, according to Pettigrew, is seven. The outer ones run into the inner ones: thus 7 is continuous with 1, 6 with 2, and so on, whether you commence from inside or outside. The more superficial layers run more from base to apex; the central layer runs round the ventricle almost like a zone or girdle. Each bundle, or morsel, of muscular fibre is under the control of a minute ganglion of nerve-matter—part of the organic system of nerves. When then the fibres are put on the stretch, and distension is produced, contraction follows; according to the known law of hollow contractile muscular structures, from the heart to the bladder. Schiff first observed that the contraction of this mass of involuntary fibre is vermicular, and passes swiftly onwards; this onward motion being so rapid as to convey the impression of a simultaneous contraction. This observation is corroborated by Valentin, Drummond, and other recent observers. In fact, there is a strong presumption that the heart is a folded mass of organic fibre-tubing, both in its anatomical structure and its physiological function. As, however, in an organ of such important function as the heart, irregular, though rhythmical, action would be very inconvenient, on account of the necessity for aortic distension and systole to complete the onward flow of the blood, a second nerve influence, possessing a co-ordinating action (von Bezold), is implanted on the first. The pneumogastric nerve exercises this co-ordinating or inhibitory action; and by galvanising it the brothers Weber found it possible to retard the heart's systole, or even to bring it to a final standstill in diastole. Thus, when the distension of the increasing volume of blood excites the auricles to contraction, the auricles contract in the direction of the ventricles, and produce the over-distension provocative of contraction; the action of the pneumogastric retarding the systole till, to use a homely expression, all the fibres are ready, and then ensues a uniform and almost synchronous contraction.

Thus the distension of the accumulating contents is the force against which the muscular fibres act, under the control of the sympathetic ganglia, *plus* the retarding action of the vagus. The forces in health are balanced: thus the opposition of the blood, or the vis inertiæ, is set against the muscular powers; the sensation of distension against the irritability of nerve ganglia, controlled by the vagus. Any disturbance of balance in either may produce irregularity of action. Between these subtle balances the heart rocks away in a manner somewhat analogous to a ship's chronometer. In addition to these are accelerator and depressor nerves, about which we do not yet know much, and which are not necessary to the question here under consideration—namely, cardiac irregularity; in time, not in volume.

This is an important distinction. Irregularity in volume is the concomitant of mitral regurgitation. At each ventricular systole more or less blood passes back through the left auriculo-ventricular valve, which has become imperfect. Why more blood should pass backwards at one time than another, it is, in the present state of science, absolutely impossible to determine. It is probably connected with more or less efficient action of the musculi papillares. This irregularity in volume is pathognomonic of mitral regurgitation, and often assists materially in the ready recognition of the valvular lesion. Certainly, in some advanced conditions of cardiac dilatation, the irregularity in time is also accompanied by some irregularity in volume, according as a more or less perfect ventricular contraction has taken place. Cardiac irregularity in volume is not the subject under consideration here; it is rhythmical disturbance, irregularity in time, we have to do with.

We have then, in health, the heart rocking away rhythmically between its various balancing powers.

A. The vis inertiæ of the blood = the power of the muscular walls.

B. Distension = the irritability of the organic ganglia + the inhibitory action of the vagus.

C. Balance of power between the irritability of the organic

* This is a continuation of the subject commenced by the article "Palpitation, its Diagnostic Value," in THE LANCET of Aug. 6th of this year.

ganglia and the controlling or inhibitory action of the vagus.

We also have the disturbance of balance occurring in these three different modes, which it may be desirable to consider seriatim.

A. Disturbance of balance betwixt the vis inertiæ of the blood and muscular walls—i. e., of the blood to be driven and the power to drive it. This may occur in two ways: increase in the opposition of the blood, as when its chemical constitution is altered, as in Bright's disease, carbonic acid poisoning, or when the relations of it and the endarterium are affected, as in atheroma, when there is also loss of arterial elasticity; or failure of power in the muscular walls primarily, as in malnutrition of them, or over-taxation from prolonged effort. Under the first head come chiefly the functional disturbances resulting from organic change in the kidneys. It was supposed for long that the blood, altered in its chemical properties—that is, laden with the products of histolysis,—passed along with difficulty through the arteries; that there was, in plain English, increased friction. Dr. Geo. Johnson has shown that there is a presumption in favour of the walls of the arterioles being thickened, and even demonstrates that thickening to exist in the muscular tunic, and that these thickened muscular tunics act against the action of the ventricular systole and impede the flow of blood. Whichever view is the correct one, the fact remains unquestionable. When the blood is laden with carbonic acid it has a greater affinity, as it is called, for the endarterium, and flows less readily. To counterbalance this condition of impeded flow, we have hypertrophy where the patient's restorative powers are equal to it; where insufficient, dilatation results. Palpitation, and, still more, rhythmical irregularity, are the evidences that the compensation is incomplete.

The second condition under *A* is imperfect action of the muscular walls. This may arise from coronary atheroma, or simple innutrition; as, for example, in general malnutrition, if accompanied by necessity for exertion, we find the muscles most in action waste first, and, *primus inter pares*, the heart. Excessive exertion in one not gradually prepared is found to overtax the heart, and is common among athletes—boating-men, gymnasts, &c. The muscles crossing the arteries impede the flow: this is the "musculo-cardiac function" of Wardrop. When, then, violent and prolonged muscular effort is indulged in, the obstruction to the flow of blood leads to imperfect ventricular contraction; distension, if prolonged, to dilatation, and the evidence of disturbed balance—viz., irregularity of action.

What is the mode of this disturbed rhythm, this irregularity in time? The heart's contraction on its contents is, as stated above, not a synchronous contraction, but a vermicular or peristaltic action passing from one layer of fibres, or fold of organic fibre-tubing, to another, co-ordinated by the regulating or inhibitory action of the pneumogastric. This normally goes on with the utmost regularity from day to day and week to week: so many beats per minute (60) in the recumbent position, so many more (70) in the sitting posture, and so many more again in the erect posture (85), accelerated by excitement or physical exertion. Its mode of action runs thus:—During the diastole the blood is poured from the distended veins into the auricle and ventricle; the distension of the auricle excites contraction in it; its contraction leads to still further ventricular distension until ventricular contraction is induced. The contraction of the auricle opposes the backward flow of blood from the ventricle until the auriculo-ventricular valve is put on the stretch by the ventricular contraction. The contraction passes from auricle to ventricle. So also does the contraction pass from one layer of fibres to another, though the proof of this is not so easily furnished as in the other case. The contraction passes steadily from one layer of fibres to another—from 1 to 2, 2 to 3, 3 to 4, 4 to 5, 5 to 6, 6 to 7—swiftly and uninterruptedly. But in rhythmical irregularity we have the systole *delayed*; and the action is one of which no clinical observer can hold a doubt. There is a peculiar roll, especially in a dilated heart, which is unmistakable. Dr. B. W. Richardson compares it to a change of the "stroke" striker, when a number of men are striking on one anvil. The writer* has compared it to the change of a horse's feet—i. e., putting the other foot first, or leading from it, when cantering. It is not, however, an intermission—that is, a beat lost; it is the beat delayed. The systole is arrested during its early half, or, in other words, during the contraction of 1, 2, and even 3; and then there comes a sharp excited rap, not without force. The systole is delayed and shortened. The more marked condition, intermittency, is thus described by Richardson:—"The momentary cessation of the left ventricle occurs from deprivation of the force which it should receive to enable it, under the stimulus of the blood thrown into it by its auricle, to contract and regulate the blood-current in its arterial course."† So in the less-marked condition of irregularity we have a cessation of muscular action, momentary, nearly instantaneous, yet perceptible; and then an active contraction. This condition is artificially produced by stimulation of the vagus. The contraction which should normally pass from 1 to 2, 3, 4, 5, 6, and 7, is delayed during the time of contraction of 1, 2, and even 3, and is concentrated during the time 4, 5, 6, and 7 contract. We have a delayed and shortened systole the more nearly contraction of the various layers is synchronous, giving us a sharp apex beat. This is an exact description, if not a satisfactory explanation, of irregularity in cardiac rhythmical contraction.

(To be concluded.)

* Edinburgh Medical Journal, April, 1860.

† Med. Times and Gaz., Jan. 4th, 1868.

INDIAN BOILS; THEIR VARIETIES AND TREATMENT.

BY JAMES C. DICKINSON,
LATE BENGAL MEDICAL SERVICE.

THE subject of Indian boils, their causes, diagnosis, and treatment, has scarcely received the notice it deserves, particularly when it is remembered that they prevail to a much greater extent in India than in England—to such an extent, indeed, as not infrequently to disable the greater portion of a regiment, if not of almost the entire garrison, from duty, attributable either to an epidemic of the ordinary or "mangoe" boil, or to the still more intractable and painful variety—the Delhi boil.

It is a common saying in India—"a good mangoe season is sure to bring boils"; and most certainly the summers of 1858, '61, and '64 in India bore out this remark. In the regiments forming the brigade in which I served during the mutiny, the 13th Light Infantry, the *Pearl's* Naval Brigade and the Bengal Yeomanry Cavalry all equally suffered—men, officers, and the "doctors." The boils broke out on every part of the body. Some were unable to wear their helmets on account of the innumerable boils that kept coming out in crops on their heads; many were unable to walk from having them on their feet and shins; others, again, were prevented from lying down with comfort on account of the entire back being covered with them; others were unable to sit down or ride on account of the buttocks being thickly covered with boils; in short, every part of the body was attacked by them.

The boils were of two kinds—the "large solitary" and the "small clustered." It must not be thought, however, because I speak of a "solitary" boil, that I mean by that expression merely a single boil breaking out. What I mean is that each boil was distinctly defined and isolated by a circumferential margin of healthy skin; while those boils which were in clusters gave you the idea of the entire skin being covered with them. The number of boils that may break out on the body of a European in India seems almost incredible. I remember a surgeon who had at one time nineteen large solitary boils over one tibia; another medical officer who had seventy-five on his back; and I have frequently seen thirty, forty, and even fifty on the head. The scalp, I may here notice, is a very common seat of boils in India. Boils frequently give great pain on account of their situation: the back of the neck, the scalp, and the ear I would particularly mention; and we should bear the point in mind, as our practice will be frequently modified by it.

What is our prognosis in an ordinary attack of boils? We may safely say that they will get perfectly well; that the majority of patients, while the attack lasts, will enjoy

good health, minus the inconvenience of the local affection. Babies and very young children soon get well of them, and rarely suffer unless the boils get knocked or scratched. Most male adults get rid of them without difficulty; but in females—particularly the unmarried ones—I have noticed, both in India and England, that the general health is affected by the boils; that the boils have a greater tendency to leave black marks and scars, approaching somewhat in character the "Delhi boil." These boils in females give much anxious trouble to practitioners; and I have seen cases where the patients have been so spotted and disfigured, particularly about the shoulders and neck, as to prevent them wearing low dresses.

Treatment.—In infants and young children little more than a mother's care is necessary. Sometimes, however, pricking them with the point of a lancet is desirable. Warm-water fomentations, a cream composed of honey and goulard water, or the simple benzoated lard, is sufficient. In young children in India an attack of boils is frequently considered a kind of safety-valve, and in many cases a preventive of fever. In infants in India an attack of boils is considered as an exaggerated form of "tooth-rash," conducive rather than otherwise to the safe rearing of the infant, who in India cuts its teeth at a much earlier age and much more rapidly than in England. It should be borne in mind, however, that there are exceptional cases where the presence of boils in infants is rather evidence of debility, and the leucocythæmic diathesis, when a tonic treatment would naturally suggest itself.

In adults I have sometimes found a dose of quinine (say ten grains), if given immediately the tendency the boils have to break out in crops is observed, to arrest their further progress, and the patient escape the epidemic. I cannot account for the action of the quinine, any more than I can for a dose of calomel at once arresting cholera in some persons, particularly if given in the early stage. When the quinine fails, the treatment I have found most successful is the employment of an ointment composed of a drachm of extract of belladonna, half a drachm of powdered opium, to an ounce of resin ointment. This is spread upon pieces of wash-leather about the size of a shilling, and applied to each boil. The effect is surprising. It at once allays all pain, soothes the irritation, rapidly promotes absorption, and dispels the swelling. I have given iodine, galbanum, and many other reputed remedies a fair trial, but this "boil ointment" far surpasses them. I have tried it in India upon some hundreds of cases, and have rarely failed with it; and moreover this ointment possesses the great advantage of rarely leaving a black stain or mark. Iodine, though it will frequently disperse a boil, leaves a peculiar "pit" and black mark; and collodion, in my hands at least, has in but few instances checked the progress of the boil. I generally advise a tonic to be taken while the local treatment is being pursued, and I give preference to a course of lactate of iron; and whenever it is possible I recommend change of air, or a trip to sea, if not some bracing climate such as Simla, or Mussooree; and when this is impossible, a change to some locality less affected with miasmal poison.

In cases of "recurrent" boils I have seen the happiest results from the use of the arsenic-and-iron mixture of Erasmus Wilson.

Should large boils be opened? They should, I think, in all cases where there is no tendency to resolution. They should, however, be simply punctured with the point of a lancet—free incisions are to be deprecated,—and then dressed with the "boil ointment." In this way we may hope to prevent the "black mark."

The pigmentary discoloration which boils so frequently leave is, in my opinion, indirectly connected with functional derangement of the uterine system, or mal-assimilation of food; and practitioners cannot be too careful to inquire into these points, and prescribe for them accordingly.

Small "blind" boils rarely give much trouble. I generally prick them with the point of a lancet; then foment them with warm water and glycerine, and dress them with the benzoated zinc ointment. This dressing should remain on for three or four days, the skin washed with carbolic soap, and a fresh dressing of the zinc ointment applied if necessary.

Before quitting this part of my paper, I cannot but regret admitting that I know of no means of getting rid of the black spots—the most unpleasant sequela of boils. These stains may die away, and *pari passu* as they vary in shade, so will they disappear—the lighter sooner than the darker. But above all is it important to remember that the quicker you can get boils to heal, the less likelihood is there of a scar or black mark being left; while their tendency to crop up again and again is generally prevented by correcting derangements of digestion and uterine irregularities.

(To be concluded.)

ON

THE TREATMENT OF CHOREA BY ETHER SPRAY TO THE SPINE.

BY JOHN ROSE, M.D.

IN the first volume of THE LANCET for 1870, page 12, two successful cases of chorea, treated by ether spray at Lyons, are recorded. I have the pleasure of adding another case, in the person of a girl thirteen years of age, a patient of the Chesterfield Hospital. She was anæmic, and had had rheumatism; but there was no trace of heart disease. I used the anæsthetic ether spray specially prepared by Messrs. Burgess, Willows, and Willows, London. I applied it along the spine four or five minutes at each time; and after fifteen sittings a very marked improvement took place, followed by complete recovery, for which the girl's relatives were most grateful.

The case was a very severe one, and I have no doubt of the efficacy of the ether spray, which is, I think, worthy of further trial in this unpleasant and not uncommon disease, especially when treatment by the bromides of potassium and ammonium, preparations of iron, zinc, arsenic, conium, and, last but not least, chloral hydrate fail. The late Dr. Alison, one of the most philosophical and best practical physicians who ever lived, used to recommend counter-irritation along the spine; and, after enumerating other modes of treatment, candidly said that it must always be remembered that in some cases, where several of these measures have been ineffectual, the disease has spontaneously subsided, particularly under the influence of country air and summer weather. The late Dr. Addison recommended electricity to be applied to the spine; and records several cases successfully treated in this way, after drugs had failed. "I believe," says our medical Cicero, Sir Thomas Watson, "that many cases of chorea—most cases—would at length get well without any aid from physic. I believe, also, that many of the boasted specifics have been quite innocent of any share in the recovery of the patients to whom they were administered; at the same time I am quite certain that treatment has a great influence over the disease." It has long been known that the shower-bath and cold sousing are of great value in chorea, often acting like a charm; and the *rationale* of the action of the ether spray, both as a sedative and a tonic, is, I presume, physiologically speaking, partly at least, the same. It doubtless produces a strong impression on the nervous system, interrupting the series of morbid actions going forward. Perhaps some medical Newton may, ere long, arise who will be able to throw more light on this obscure subject.

Should the ether spray, in other hands, really prove useful in chorea, humanity and the medical profession will, from a somewhat unexpected quarter, be again largely indebted to the practical genius of Dr. Richardson. As there is probably in this disease depraved and irregular action of the nervous force, which is incessantly produced by the cortical substance of the cerebellum, and distributed to the motor regions of the cord, I venture to suggest that it might be useful in intractable cases to shave the lower part of the back of the head, and apply the ether spray in that place as well as along the spine.

Although chorea is in general a disease of youth, it is not always so, as has been remarked by former observers. About three years ago I saw a case with my friend Mr. Bradley, of Kidderminster, in the person of a man seventy years of age, the symptoms being persistent until the patient's death.

Chesterfield, Nov. 26th, 1870.

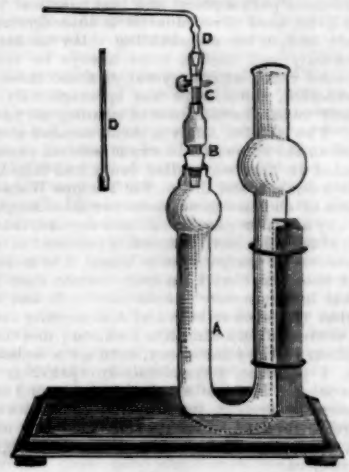
ON A

MODIFICATION OF MARSH'S APPARATUS.

BY J. ST. CLAIR GRAY, M.B., C.M.,

ASSISTANT TO THE PROFESSOR OF MEDICAL JURISPRUDENCE, GLASGOW UNIVERSITY.

IN the process for the detection of arsenic commonly known as Marsh's process there are several sources of fallacy, which, if not properly recognised and avoided, may lead to failure—a result which in a medico-legal investigation may involve perversion of justice and injury to the character of the medical witness. The apparatus represented in the accompanying diagram has been designed for the purpose of removing all fallacies connected with this process as far as by apparatus the result can be attained. One of the chief sources of inconvenience arises from the frothing up which takes place if organic matters be present in the liquid operated on; and, should this froth reach the tube in which the gas is operated upon, the process may be destroyed, either by the deposition of carbon on the interior of the tube, or by the contact of the moisture with the heated glass, causing it to break, thus preventing the attainment of any result. The steps taken to avoid such occurrences formerly were — destruction of the organic matters previous to subjecting the materials to this process, and filtration of the gas by means of carded cotton. The former of these processes is, however, tedious, and, unless extreme care is taken, apt to cause an appreciable loss of the poison; while carded cotton is liable to contain traces of arsenic, and may lead to the introduction of this poison into the gas, and thus lead to very serious consequences. Such being the case, I have been led to adopt a filter (see B in the diagram) which consists of spun glass packed into a



A, The Generator. B, Filter. C, Stop-cock. D, Tubes in which the gas is operated on.

separate chamber, through which the gas passes previous to being operated upon. This I find to answer admirably, while it is free from any objection on the ground of producing contamination of the gas. Another and very obvious source of fallacy arises from the use of metallic stopcocks. Such stopcocks are generally made from copper or brass, for which arsenic has a great affinity; indeed, such is this affinity that several times, in employing an apparatus fitted with a brass stopcock, I have entirely failed to detect the presence of arsenic in solutions which I knew to contain a very considerable quantity of that substance. The substitution of a glass stopcock, as shown at C in the diagram, will, however, remove this source of error. Again, in connecting together the various component parts of the apparatus, there are used such materials as cork, india-rubber tubing, &c., all of which may, under certain circumstances, contain arsenic in minute quantity; but in this apparatus the use of such means is dispensed with, and each piece is so constructed as accurately to fit the adjoining piece, being ground similarly to a glass stoppered bottle.

Should this explanation not be sufficient, I shall be most happy to supply such additional information as may be desired; and I may also add that similar apparatus may be obtained at Mr. Motherwell's, Union-street, Glasgow.

Newton-terrace, Glasgow, Nov. 22nd, 1870.

ON THE

MORAL ASPECT OF THE INDUCTION OF PREMATURE LABOUR.

BY EDWARD MALINS, M.D.

IT is now little more than a hundred years since a conference of medical men was held in London to discuss the moral rectitude of, and the advantages to be expected from, the induction of premature labour, the practice of which, says Dr. Denman (5th edit., p. 440), met with their general approbation. Although for a time the profession was slow to adopt the inestimable privileges which have been derived from such a practice rightly undertaken, it is probable that no improvement in our treatment of certain cases of deformity of the pelvis, and some other adverse conditions, has been so decided, or productive of such satisfactory results and lasting benefits to both mothers and their offspring.

The great principle in the induction of premature labour may briefly be enunciated as the desire to save the life of the child, with the lessening of suffering and danger to the mother; but it not unfrequently happens that the former consideration is lost sight of, and, in the anxiety to prevent a recurrence of the attendant risks of labour, in cases of disproportion, at the full term of pregnancy, the opposite extreme is fallen into, and in successive pregnancies the life of the child is brought to nought in a manner utterly opposed to the great and noble aspect of the operation. Hence the remark that the profession is often indifferent to the value of infantile life is not without foundation, efforts at times being made to bring the mother to a return of health without due regard being paid to the interests of the child, or any endeavour made to preserve it to a viable period.

In women who have borne several children previously at the normal termination of utero-gestation, even with the aid of instrumental interference, it is probable that, in the majority of cases, the induction of premature labour at the eighth month may avert the necessity of the use of instruments in subsequent labours; more rarely, the seventh month offers a more reasonable prospect of success to the maternal recovery and of the life of the child. But it must be very rare indeed that we feel fully justified by necessity in bringing on *abortion* in preference to premature labour. I say necessity, for no motive than that of absolute necessity, after the most careful judgment, ought to impel us to fall back upon a proceeding so contrary to the dictates and moral bearing of our professional duties. The art of midwifery, undirected by a proper sense of the responsibilities we possess both as to the saving of infant life and the preservation of the mother, is calculated to bring discredit upon our practice, and to diminish the value of the conservative forces we have at our command in the highest object of our profession—the lessening of mortality and the prevention of dangerous complications.

It is, indeed, a sign of retrograde movement in the application of our knowledge when we see attempts made to anticipate, by operative interference at an early date, the purposes which Nature is intended to perform, rather than seek to persuade her to continue in the normal progression of her functions; guiding by the resources of our art, and restoring, when perverted, to the safe path, according to the principles we should be actuated by in the possession of such powerful means to the ends we ought to have in view. It was a favourite maxim of the late Sir J. Y. Simpson that

"Nature is eminently conservative in all her actions"; and it is much to be regretted that a more implicit reliance is not oftener placed in her powers. With the control we can assume over the term of pregnancy, and the comparative ease with which we may alter the period of gestation to almost exactness, we are but seldom justified in using such a prerogative to excess. The use and not the abuse of obstetric operations is most influential in ensuring respect in the practice of our profession, and in securing one of the ultimate objects of this operation, the saving of infant life. That this life should be destroyed without the most mature deliberation and calm reflection cannot be too strongly deprecated: yet recorded cases sometimes exhibit the perversion of natural laws by artificial means, without affording a legitimate extension of time in which the life of the child might be saved, and the adaptation of relief fully realised in the correct sense of an imitation of the process of Nature itself. The wanton sacrifice of human life in the bud, under the pretext of obviating expected suffering to the mother, must be severely condemned, as tending to abuses in which we should take no part, and which cannot fail to bring disrepute on one of the greatest and most beneficent operations in the obstetric branch of our art.

Cradley, Nov. 1870.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUY'S HOSPITAL.

CLINICAL REMARKS ON A SUPPOSED CASE OF ACUTE TUBERCULOSIS.

(By Dr. WILKS.)

On the occasion of a recent visit to this hospital, we saw a young woman about twenty years of age, who had been admitted three weeks previously. Her sobs and her manner generally indicated that she was in a highly hysterical condition. Dr. Wilks said that ever since her admission her temperature had indicated a state of pyrexia, but that she had exhibited no symptoms either of local inflammation or a specific fever; and that whenever a high temperature was thus maintained for a considerable time, without the development of any other symptoms, it indicated the existence of acute tuberculosis. He had not been able to verify his opinion in this case by a physical examination of the patient, because she complained of such acute hyperæsthesia of the chest that percussion was impracticable, and directly he applied a stethoscope the breathing always became so rapid and shallow that no reliable observation could be made. But there were other signs which, in his opinion, lent confirmation to his diagnosis: these were, the patient's regular features, white regular teeth, and well-formed frame—all of them features of the tuberculous temperament; the falling off of the hair; and her hysteric condition. Ever since a striking incident had called his attention to the subject at the time that he was a clinical clerk, he had noticed the frequent coexistence of hysteria and phthisis. For three months the late Dr. Addison had, out of sheer disgust, passed by the bed of a girl who was in so highly hysterical a condition that he had found it impossible to make a careful examination of her state. One day a student, who had remained behind to listen to her chest, remarked to Dr. Addison that he supposed the case was one of phthisis, as he had heard sounds indicative of a large pulmonary cavity. Dr. Addison replied that there was nothing the matter with the patient but hysteria; but, on the student insisting that there was a cavity at the left apex, he listened for himself, and found that such, in fact, was the case.

Speaking of the relation of pyrexia to local disease, Dr. Wilks added that he did not believe that when a local disease followed in the wake of fever it held to it the relation of a consequence; for example, when people spoke of fever terminating in phthisis or some brain affection, it might almost always be taken for granted that the antecedent fever had been the pyrexia proper to tuberculosis in the one case, or meningitis in the other.

ST. GEORGE'S HOSPITAL.

CASES OF STRANGULATED INGUINAL HERNIA OCCURRING IN INFANCY.

For the following series of successful operations for strangulated inguinal hernia occurring in infancy, we are indebted to Mr. Warrington Hayward, the surgical registrar.

Case 1.—J. W——, aged nineteen months, was admitted on July 11th, 1870, under the care of Mr. Pollock. He had had a rupture since birth. Nothing had been done for it. It only came down occasionally. On July 9th it was observed to have become larger, and he was sick; but the bowels acted on the 10th. The sickness, however, continued, and he was brought to the hospital. On admission, there was a scrotal tumour on the right side, extending into the inguinal canal. It was without impulse, and apparently contained some fluid at the lower part of the sac. The child was vomiting frequently; the pulse quick and sharp. He was evidently in much pain. Chloroform was given; and Mr. Pollock cut down on the tumour, and opened the sac, which contained the testicle, some light-yellow fluid, and a portion of congested small intestine. He divided the stricture, and returned the bowel. The wound was closed by silk sutures, and a pad and bandage were applied. The bowels acted on the third day. There was a little suppuration from the wound; but the child seemed so well that his friends insisted on taking him home on the 21st. He was afterwards seen quite well.

Case 2.—T. R——, aged two years, was admitted on the 25th of June, 1870, under the care of Mr. Pick. His mother had not observed any inguinal swelling till June 23rd. He had whooping-cough, and after a fit of coughing he complained of pain in the belly. A warm bath was given, and the mother then noticed a swelling in the right groin. On June the 24th he was seen by a medical practitioner, who ordered a bath, and attempted to reduce the tumour. The size of the tumour was decreased, and he seemed in less pain; but vomiting occurred, and persisted during the night, so he was brought to the hospital next morning. On admission, a small tense tumour, without impulse, was found in the right inguinal canal; it was tender, and he had abdominal pain and sickness, with some fever. Chloroform was administered, and Mr. Pick cut down on the tumour and opened the sac of the hernia, which was found to contain the testicle and a small knuckle of congested small intestine. The stricture was divided, and the bowel returned. Five drops of laudanum were given. The bowels acted on the fourth day. He recovered without a single bad symptom, and was discharged on July 18th.

Case 3.—G. J——, aged one year, was admitted on Sept. 30th, under Mr. Pick. A right inguinal rupture was observed soon after birth. The mother obtained a truss, but the child had it applied only three months. Two months ago she found difficulty in returning the bowel, and it was done by taxis at the hospital. This morning it could not be returned; the child became frequently sick, and seemed in great pain. On admission there was an inguinal hernia on the right side. The tumour was not reducible, was tense, without impulse, and tender. The child was frequently sick. Ice was applied for a few hours; but the symptoms not abating, chloroform was given, and Mr. Pick cut down on the tumour and opened the sac, which contained the testicle and a congested portion of small intestine. He divided the stricture and returned the bowel. The wound was closed with silver sutures, and three minims of laudanum were given. There was little suppuration from the wound, which soon healed, and the child was discharged well on Oct. 18th.

LONDON HOSPITAL.

CASE OF AMPUTATION AT THE HIP-JOINT.

(Under the care of Mr. JONATHAN HUTCHINSON.)

IN connexion with this case, it will be interesting to note that three successive cases of amputation at the hip-joint for disease, at this hospital, have been followed by recovery. In 1866 Mr. Curling operated on a girl ten years of age, for disease of the hip-joint with cario-necrosis of the acetabulum, who was in a state of great exhaustion. In 1867 there occurred two cases; both were operated on by Mr. Couper, and in both the cause was malignant disease of the femur. One patient was a man twenty-two years of age, and the other a middle-aged woman. During 1868 and 1869 the operation was not performed.

The patient in the present case was a girl about nine years of age, very much emaciated and of exsanguine appearance. She had been admitted seven months previously with disease of the trochanter and knee-joint; and Mr. Hutchinson had endeavoured to arrest the former by removing with the gouge the carious portion of the bone. Shortly after admission, an acute relapse of the disease had occurred in the knee, and had ended in complete disorganisation, and Mr. Hutchinson was only withheld from removing the limb by the parents refusing to sanction the operation; but as it had become evident that, unless relief were afforded, death would shortly ensue, they had at length given their consent. On introducing the finger into the sinus of an old abscess round the upper part of the femur, there was found in the trochanter a hole large enough to receive the finger, and around it there still remained a large suppurating cavity, which had extended so far behind the trochanter that Mr. Hutchinson decided on removing the whole of the femur. The abdominal aorta was secured with a tourniquet, and flaps were taken from the anterior and posterior aspects of the limb, according to Liston's method, while Mr. Couper strictly carried out the carbolic antiseptic system, which he has for some time past practised with very favourable results. A spray of carbolic lotion, of the strength of 1 in 20 parts, was played upon the exposed surfaces in the course of the first part of the operation, and then from time to time more was syringed in between the flaps until they were finally secured. The vessels were tied with carbolated gut ligatures. The flaps were united by two deep sutures of the same preparation, inserted about an inch and a half from their cut edges, and by one or two others more superficially situated. The edges of the skin were brought into accurate adjustment by means of iron sutures. On the removal of the tourniquet an enema of brandy-and-water was administered. The stump was covered with bands of carbolated lac plaster about a foot in width, which were carried upwards to the waist. These were covered with a thick layer of cotton wool, and then secured with a flannel roller, which was first wound round the waist and hips, and then applied over the stump in the usual manner. On examining the amputated limb, Mr. Hutchinson found that the walls of the cavity in the trochanter consisted of bone softened by the extension of the carious process. There was but little disease of the shaft, but a large abscess extended along the whole of its anterior aspect; the head of the bone was healthy. The knee-joint was found to be completely destroyed.

In deciding on the operation to be adopted in this case, Mr. Hutchinson said that he had been guided by an estimation of the comparative danger of amputation at the hip-joint and at the upper third of the thigh. The former was liable to produce a greater shock to the nervous system, though the difference in that respect did not, in his opinion, amount to much. The latter operation involved a greater risk of pyæmia; it would have left behind a large suppurating surface, and exposed the patient to the chance of an extension of the scrofulous disease of the bone; and considering her precarious condition, and the urgent necessity for avoiding any further suppuration, he had concluded that the greater operation would offer the better chance of a successful result.

The statistics of hip-joint amputation had, Mr. Hutchinson added, been roughly heaped together without reference to the cause of the injury and the state of the patient's health. The majority of recorded cases were primary and secondary amputations after gunshot wounds, which nearly always terminated fatally; and thrown in with them was a comparatively small number of operations for chronic disease, a good proportion of which had been followed by recovery.

On the day following the operation the patient was comfortable, and was taking food well.

Provincial Hospital Reports.

LEEDS GENERAL INFIRMARY.

A CASE OF POISONING BY COAL-GAS.

(Under the care of Mr. JESSOP.)

THE following case, forwarded to us by Mr. M'Gill, the resident medical officer, is a detailed account of effects which followed the inhalation of common coal-gas. We are not aware of any similar case having been placed on record.

At 7 A.M., on Aug. 26th, Daniel L——, aged twenty-four, went into a large gas-pipe, four feet in diameter, to look after a leak. He thought that all the gas had been let off. On entering the pipe he perceived a strong smell of gas, but after that remembered nothing more till he found himself in the infirmary. It had been ascertained, however, that at the end of twenty minutes he was discovered senseless in the pipe, and that a rope was passed round his legs, by which he was drawn into the open air. For half an hour he did not move, and remained to all appearance dead; he then gradually revived, and soon afterwards became so violent that he was brought to the infirmary, where he arrived at 8.45.

On admission, he was found to be a strong muscular man, struggling so violently that it took three or four men to hold him. He was quite unconscious of anything that took place, and did not know any of his friends. His struggling was altogether involuntary, and consisted in convulsive attacks, which followed one another so quickly as to be almost continuous. These attacks were of different degrees of severity. A severe one consisted of the following stages:—1st. A loud cry. 2nd. Contraction of the muscles opening the jaws, so that the mouth was opened and the corners drawn down. 3rd. Contraction of the sterno-mastoids and muscle at the anterior part of the neck, bending the head forwards. 4th. Contraction of the muscles at the anterior part of the body, raising him in bed into a sitting posture. 5th. The spasm raised him on to his feet, making him stand straight up in the middle of the bed, rolling slightly from side to side, and throwing his arms about. 6th. He fell from this position in a heap on to the bed. This sequence occurred more than once, and would no doubt have happened oftener had he not been held down. His pulse was small and almost imperceptible—116; the temperature 99°. His skin was bathed with perspiration; the pupils were normal. There was no foaming at the mouth, vomiting, or stertorous breathing.—9.45 A.M.: Has been quieter for the last three quarters of an hour, being apparently relieved by a large mustard poultice which had been applied all over his chest.—10.15 A.M.: Has been more violent than ever since 10 o'clock. To have chloroform inhalation.—11.15 A.M.: After the chloroform, of which he required a very small quantity, he was quite quiet for half an hour; since which time he has been rather restless, and is now getting violent. To have the chloroform repeated.—2 P.M.: The chloroform acted as before, sending him to sleep for half an hour; he then became restless for about ten minutes, and dropped off to sleep again, and has slept till the present time. Is just awake, knows his friends, and can answer questions in a doubtful, hesitating manner.—4 P.M.: Is sitting up in bed, taking his tea with good appetite.

Aug. 28th.—Left the infirmary in his usual state of health.

BRADFORD INFIRMARY.

A CASE OF ARTERITIS.

(Under the care of Mr. H. MEADE.)

THE following appears to be an instance of very extensive arteritis. All the arteries which were examined bore traces of inflammation; and, from the feeble character of the

pulsation in others, it seems probable that, had a complete examination been permitted, the inflammatory action would have been found to be still more widely diffused than was proved by actual inspection. Dr. Rabagliati, to whom we are indebted for this report, remarks that the microscopic examination of affected arteries bears out Rokitansky's statement that arteritis produces results quite distinct from atheroma—a distinction which is not mentioned in some textbooks of high standing.

Jane P——, aged eighteen, a servant, was admitted on the 5th of August, suffering from gangrene of the toes of the left foot. She complained of great pain in the whole of the left leg, more especially in the affected part. The pain was of a shooting character, and came on in paroxysms which lasted several hours. No pulsation could be detected, on the most careful examination, in the femoral or any of the arteries of the left lower limb. With great care, thin, thready pulsation could be made out in the right femoral. The skin over the left patella was dark. There was no pulsation in the right brachial or any of the arteries of the right upper limb; while in the left the pulsation could be traced, though it was less distinct than natural. No pulsation could be made out in either carotid. The patient was much emaciated, though there was not much wasting of any one limb as compared with the corresponding one of the opposite side. The heart's action was accelerated, but there was no murmur. The tongue was remarkably clean and moist, though the state of the bowels alternated between constipation and diarrhœa. In the further progress of the case, the gangrene of the toes, which was of a dry character, and accompanied by dark-red discoloration, continued to spread. The colour then darkened into purple, and the toes shrivelled and dried up; the skin over the patella also became darker, and sloughed, exposing the bare bone, and by a similar process the tibia was laid bare in its whole course. The pulsation never returned in any of the pulseless arteries, and the patient sank exhausted on the 21st of October, the most prominent symptom before death being bilious vomiting.

When she was first seen by Mr. Meade in the beginning of July, the patient complained of dull, aching pains in the legs and thighs, which she thought were rheumatic, and attributed to having had to scrub and kneel on wet floors. At that time she had constant sickness. The pain in the limbs was paroxysmal, more severe in the left than right leg. There was slight discoloration of the skin over the left toes, and no pulsation was observable in any of the arteries above enumerated. As regards treatment, the patient was ordered to have the limbs wrapped in cotton wool, and to take stimulants, a nourishing diet, and opiates according to circumstances.

Permission could be obtained to make only a limited post-mortem examination. The heart, and the aorta as far as the left femoral artery in Hunter's canal, were examined, with the corresponding veins, as were also the right brachial artery and vein. The heart was small, but normal; all the valves competent. There was no trace of inflammation externally, but the serous membrane lining the left ventricle was slightly injected, and the ventricle was filled with a firm fibrinous clot, presenting points reddened apparently by vascularity; under the microscope sections of bloodvessels were found in them. The clot consisted mainly of fibrous tissue with numerous nuclei. The inner coat of the aorta was injected throughout, and at frequent intervals showed patches of a deeper red. These last seemed to penetrate in one or two places almost the whole thickness of the vessel, so as nearly to cause perforation. A layer of fibrin was deposited like an inner lining membrane along the whole surface of the vessel, and could be peeled off in a continuous layer. On doing so, the vessel could be felt rough at the points where the injection was most marked. The deposit was not in such quantity as seriously to diminish the calibre of the artery. The injected appearance could be followed up into the serous lining of the left ventricle, where, however, it became much fainter in colour. At its bifurcation the aorta was filled with a light-yellow lymphous deposit, which seemed to be breaking down. The clot extended into the common iliac, and reduced it so that at the bifurcation of the aorta it was not larger than a goosequill. The whole aorta was much puckered internally. The left external iliac felt like a cord about the size of a goosequill, and was quite filled with a red, firm, organised clot, which seemed quite to occlude the vessel. On separating the clot, the inner coat was seen much injected, of a crimson colour, and with well-marked transverse striæ along its course. These, under the microscope, were seen to consist of white and yellow elastic tissue (both quite characteristic), with plain muscular fibres and numerous nuclei. There was no atheromatous deposit. The femoral artery was about the size of a crowquill, more pervious than the external iliac, and contained a clot of a light-yellow colour and friable—more like that discovered at the bifurcation of the aorta. The inner coat was also much injected, and the transverse striation well marked. The clot here was, in appearance, not unlike an earthworm, from bearing the impression in reverse of the transverse striation of the inner coat. In Hunter's canal the vessel increased in calibre; in this situation also the vein was shrunk and injected, but higher up it presented a more healthy appearance. The right brachial artery was like a cord, quite shrunk, barely pervious. The vein was normal. In the bronchial glands there was a calcareous deposit of the size of a walnut.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, NOV. 14TH, 1870.

MR. GAY, PRESIDENT, IN THE CHAIR.

* THE PRESIDENT showed specimens of Elastic Tissue, Oil-Silk, and Gutta-percha prepared by a patent process, so as to be unaffected by heat or moisture; hence they could be cleansed, and used more than once for dressings.

Dr. ALTHAUS showed a patient of about ten years of age, who had lost sensation and power of motion in the right arm, without atrophy, probably from rheumatic inflammation of the brachial plexus. The ordinary treatments for rheumatism failed. The continuous current rapidly cured the case. Dr. Althaus, in a very lucid manner, discussed the question of pathology, and then explained a very convenient form of apparatus for applying the continuous current, made by Weiss, and consisting of a platinum-zinc battery of fifty cells, in a box. When closed, the cells containing the acid sank below the plates; when the box was widely opened, the vulcanite cells of acid were raised and brought into contact with the plates, and thus the battery was set to work.

Mr. TREVAN showed a Calculus, removed by incision from the ischio-rectal fossa of a man aged forty, who had been cut for stone when five years old. Recently the urine had escaped from the old cicatrix, and a hard body was felt, which turned out to be the stone in question. It had facets, and had probably been in contact with other calculi in the bladder.

The PRESIDENT exhibited a stone weighing two ounces and a quarter, which he had removed from a feeble rickety boy. The contracted state of the pelvis made the operation difficult. The boy sank a few days after the operation.

Mr. J. D. HILL then read the paper of the evening, entitled "An Analysis of 140 cases of Organic Urethral Stricture." Of that number he had submitted 120 patients to Holt's operation, and 20 to perineal section, or Syme's operation, and he now compared the results, and pointed out what were suitable cases for the respective operations. In the 120 cases in which Holt's operation had been performed there were 2 deaths, and 118 recoveries. The two patients who died were the subjects of organic disease. No death had followed Syme's operation in the 20 cases. Mr. Hill arranged his cases under the four heads of simple, multiple, complicated, and cartilaginous undilatable stricture. In the three former, Holt's operation, and in the latter, Syme's operation was performed. The following were the conclusions given in reference to the former procedure: that the operation is the most satisfactory method of treating any form of organic urethral stricture which is amenable to dilatation, and with careful attention to preliminaries there is no more risk in its employment than in ordinary catheterism; that where the latter is followed by bad

symptoms, there Holt's operation is contra-indicated. Its advantages are: (1) promptness in dilating the contracted part to the normal calibre of the urethra; (2) immediate relief to the urinary organs; (3) immediate benefit to the patient's health; (4) freedom from chronic urethral discharge, so frequently excited by gradual dilatation; (5) it is attended with scarcely more pain than catheterism, and rarely with hæmorrhage; (6) it is seldom followed by rigors or inflammation; (7) it is well adapted to relapsing cases; and (8) is accompanied by a low rate of mortality, less, probably, than gradual dilatation. As regards Syme's operation, Mr. Hill held that it was a satisfactory mode of treating impermeable strictures of the bulbous and membranous portions of the urethra, and those cases of permeable strictures of the same regions where catheterism is followed by severe symptoms. Mr. Hill observed that none but the splitting operation should be performed in all cases where any instrument can be made to pass; the danger from the operation arose only in instances where the kidneys were diseased. The mucous membrane, he believed, was not ruptured in the operation. He never leaves a catheter in save in traumatic cases.

Mr. TEEVAN spoke favourably of the French method of Mercier with the bougie olivaire. He believed the mucous membrane was ruptured.

Mr. STOKES, jun., stated that at Leeds he had seen, in the post-mortem of fatal cases after operation, the mucous membrane ruptured.

MONDAY, NOV. 21ST.

Mr. CLEMENT GODSON exhibited a Fibrous Polypus removed from the vagina by means of the écraseur.

Mr. J. DAVY showed a form of screw, with a handle, for aiding the speedy removal of the skull-cap at post-mortem examinations. The screw was fixed in the vertex, and the handle held the skull steady for sawing.

A paper on the Analysis of Cholera Nostras and Cholera Indica was read by Dr. MACPHERSON. After pointing out the diseases with which it has been confounded, it was shown by a historical sketch that cholera nostras had often been epidemic in Europe, and some of the opinions respecting it were mentioned. It was shown that the symptoms during life of the two diseases resemble each other closely; that, as yet, no difference has been shown in the post-mortem appearances; that the indications for treatment have been the same in both; that the two affections have been ascribed to the same predisposing and exciting causes; that they have the same character of seasonal prevalence; that they are both influenced by locality; that they both exercise a distinct action on other diseases; that contagiousness has been attributed to both; that neither gives immunity from future attacks; that a relapse or a reproduction of the disease may occur in either from an imprudence; that both have been compared to acrid poisoning; that the existence of a poison has been suspected in both; that, supposing the poison in cholera indica to have been discovered, there might remain one to be discovered for cholera nostras; that for the present their leading differences are of degree, cholera indica having increased intensity of symptoms and increased power of spreading. A few points of analogy with other diseases were also pointed out.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, NOVEMBER 15TH, 1870.

DR. QUAIN, PRESIDENT, IN THE CHAIR.

MR. JAMES ADAMS exhibited a specimen of Dislocated Wrist, in which anchylosis had taken place, and which was discovered in the dissecting-room. There was no disease of the bones or tendons discoverable, and Mr. Adams thought it might have been a congenital dislocation.

Dr. SILVER exhibited Diseased Supra-renal Capsules, in which calcification had taken place. The capsules were taken from a man, aged thirty-four, who last June presented himself at Charing-cross Hospital with symptoms of Addison's disease following on an attack of ague. The patient had also difficult breathing, was short-breathed, and suffered from palpitation. In hospital he improved, but on July 2nd cerebral symptoms showed themselves, in incoherency in replying to questions especially, and a general vacant aspect and demeanour. He was subsequently found dead in bed. At the post-mortem, the ventricles were found to be full of blood, and the surface of the optic thalamus was soft. At the apices of the lungs there were cretified masses; the spleen was enlarged, the kidneys were healthy, but the supra-renal capsules were entirely calcified. The diseased conditions of the lungs and of the capsules were probably of the same date as regards origin.

Dr. DOUGLAS POWELL showed several specimens illustrating the pathology of Fatal Hæmoptysis, and especially the fact that, contrary to received opinion, the arteries in the walls of cavities are not generally obliterated. The first specimen was a lung from a man twenty-six years of age, who died three days after an attack of copious hæmorrhage, the first the patient had ever had. The lungs were tubercular, the seat of lobular pneumonia, and the chief cavity contained a ruptured aneurism of the size of a small walnut, whence the blood had escaped. A second specimen was taken from the body of a man, aged thirty-one, who died of hæmorrhage three days after admission to hospital. There were cavities in both lungs; one, an old one, contained a sacculated aneurism with thin walls, and the size of a pea, which had ruptured by a triangular slit. The third specimen was furnished from a man who died suddenly from a third attack of free hæmorrhage. In this instance a rapid ulceration had exposed the vessels, one of which was eroded and opened. A fourth specimen was from the body of a man, aged thirty-six, and in it the vessels in the wall of a cavity were exposed by extensive ulceration. Dr. Powell had detected small sacculated aneurisms in other cases, and hæmorrhage from aneurismal dilatations, or erosion of vessels, was most likely to occur, he thought, in cases of one-sided phthisis, with an old cavity where ulceration was going on.

Dr. BASTIAN said that conditions existed in many cases of phthisis most favourable for the production of aneurism, especially in instances of fibrous disease, and it was easy to understand the frequency of these aneurisms; indeed, it was rather surprising that they were not more usually found.

Dr. MOXON asked if Dr. Powell had failed to discover these aneurisms when they had been very carefully searched after, for he had, in two cases, after the minutest examination, failed to detect anything like them. He was surprised to learn what was the class of cases in which Dr. Powell found aneurisms—viz., one-sided and old phthisis in which the arteries were generally obliterated. He should have expected hæmorrhage to have occurred in cases where there was healthy tissue bounding closely the cavities.

Dr. POWELL said he was dealing with the state of vessels in fatal cases of hæmorrhage and old phthisis. He admitted that there were cases in which the source of the hæmorrhage could not be detected.

Mr. DAVEY showed two specimens, the one from a case of hip-joint disease, in which the head of the thigh-bone, the acetabulum, and the iliac and pubic bones were necrosed; the other in which bony anchylosis had taken place as a consequence of fracture of the neck of the thigh-bone fifty years before.

Mr. DAVEY also showed a specimen of Rupture of a Dog's Stomach, without any lesion of the abdominal wall, and inquired if this latter feature were common.

Dr. MURCHISON, Mr. ARNOTT, Dr. MOXON, and Mr. HULKE related instances in which the same conditions were present.

Dr. WHIPHAM exhibited a Diseased State of the Tricuspid Valves, which existed as the sole disease about the heart. The patient from whom the specimen was taken was admitted into hospital with pneumonia secondary to hæmoptysis, and died quickly. At the post-mortem the tricuspid valves were extensively ulcerated, many of the chordæ tendineæ having given way. These appeared to be the cause of the disease. All the other parts of the heart were healthy.

Dr. KELLY exhibited a Malformed Heart from a cyanotic child aged three months. The aorta came from the right, and the pulmonary artery from the left, ventricle. The little child had a convulsive attack every morning for some

days previous to its death. The ductus arteriosus was closed, and the foramen ovale was very small.

Dr. KELLY exhibited a second Malformed Heart, in which during life a loud bruit was heard, and after death the septum between the ventricles was found almost wanting.

Dr. KELLY likewise showed a Patella which was in a state of Necrosis, and had come away from an open wound of the knee made for the relief of a pyæmic abscess.

Dr. PAYNE exhibited a specimen of Cancer of the Thyroid Body, the existence of which had led to the belief during life that there existed a thoracic tumour in consequence of the severe attacks of dyspnœa.

Mr. ARNOTT showed a specimen of Recurrent Myxoma from the gluteal region. The loose jelly-like mass was embedded in the muscle, and sprang from the periosteum, and was also encapsuled.

Mr. J. D. HILL exhibited a Tumour he had removed from the Scapula a few hours before the meeting, and undertook to give a fuller description of its nature at the next meeting.

HUNTERIAN SOCIETY.

NOV. 23RD.

MR. HOVELL read a paper on Hysteria. The term hysteria has been loosely applied to a large class of disorders under the idea that they proceeded from uterine irritation. Mr. Hovell considers that the general sympathy of the nervous system with the uterus and ovaries acts merely as a predisposing circumstance; that the susceptible condition which forms the base, as it were, of the disease, is the effect of influences which more or less depress and exhaust moral power, and involve also a loss of physical power. Many of these are comprehended in moral shock and physical shock. The susceptible condition which constitutes the passive stage is very easily converted by irritating causes into the active stage, and these irritating causes are not only physical but moral, and the most frequent of these is worry. Thus we have to deal with a passive stage and an active stage, and with causes of irritation that are both moral and physical. Uterine irritation may be one of the last, but it is not an essential one. The treatment applicable to the various symptoms which arise from these complications is obviously to remove all causes of irritation of whatever kind, and to raise both physical and moral power. The case becomes obstinate in proportion as this simple plan of treatment is omitted or neglected. It is also urged that the hysteric hypothesis stands in the way, by presupposing a cause that does not exist, and by referring treatment to a wrong basis. More than this, it prevents inquiry into the real cause of the disease, and the recognition of a class of circumstances which has a very important bearing upon the practice of medicine. It therefore becomes imperative to dismiss an untenable hypothesis, and to investigate this disease from a different point of view. It is proposed to adopt, instead of hysteria, the generic term neurosis, the particular form and feature of which will be determined by the circumstances of the case. The objectionable features of the disease will then be removed, and a better diagnosis will lead to more successful treatment.

A discussion followed the reading of Mr. Hovell's paper, and in the end was adjourned to the following meeting of the Society. There was a general disposition to agree with Mr. Hovell in thinking that the uterus and other sexual organs had been regarded as too exclusively the parts at fault in hysteria.

NORTH STAFFORDSHIRE MEDICAL SOCIETY.—This Society held its eighteenth annual meeting at the North Staffordshire Hotel, Stoke-on-Trent, on Thursday, Dec. 1st. The retiring president, Mr. John Alcock, Burslem, delivered an able address. Mr. Charles Orton, Newcastle-under-Lyne, was elected president for the coming year; Mr. Jas. Yates, Newcastle, treasurer; and Mr. J. M. Taylor, Burslem, honorary secretary. The following gentlemen were elected members of the committee: Messrs. Garner, Ashwell, Spanton, Goodall, and Weaver. The Society numbers thirty-six members, and its meetings have been well attended during the past year. The annual dinner is fixed for the 16th inst.

Reviews and Notices of Books.

A Sketch of the Life and Writings of Robert Knox, the Anatomist. By his Pupil and Colleague, HENRY LONSDALE. Macmillan and Co. 1870.

A LIFE of Robert Knox, although written by one who is still amongst us, and who took part in what he relates, seems to carry back the medical imagination almost to the Saurian period. We are separated from the events of his time by a gulf so broad as to be wellnigh impassable; and Burke and Hare themselves are hardly more alien from our notions and customs than the hard words and the paraded animosities to which Mr. Lonsdale's pleasant volume brings us back. In our day there are perhaps animosities as bitter; but they do not find such open and vigorous expression; and we think it would be hard to deny that comfort and civilisation have been promoted by the change. In every age it befalls that those who take the sword perish by the sword; and what we read of Knox in the pages before us, as well as our independent recollections of his story, leave little room for wonder that the great anatomist, when once fortune ceased to smile upon him, was condemned to a maturity and old age of poverty and obscurity. His career was very sad; but, when viewed in certain aspects, it is none the less eminently instructive.

Mr. Lonsdale's book is somewhat fragmentary in character, and exhibits but little skill in the employment of his materials. Much that he tells us is very interesting; but then he leaves so much untold. We hear absolutely nothing of Knox's domestic life. A few words inform us that he married a person of inferior rank, and that the marriage was kept secret; but we are never told when or how it was made known. Nor are we told whether the wife thus slightly referred to justified her husband's choice. An almost accidental mention of her death, after sixteen years of marriage, seems to imply that she was mourned; and it is barely stated that she bore six children, of whom one only, a son, survived his father. The *life* of a man, however well he may play his part before the world, is not made up of public appearances; and we feel that Mr. Lonsdale, by omitting all description of Knox in his family relations, has lost opportunities of presenting his hero to the best advantage. To his biographer Knox was a hero; and the attempt to free him from all responsibility for the crimes of Burke and Hare is a very good example of what Lord Macaulay used to call the *Lues Boswelliana*. No sane person now-a-days believes that Knox was in active complicity with murderers; but no one doubts that he was, to say the least, culpably careless in his purchases.

Mr. Lonsdale is not only fragmentary and incomplete in his narrative, but he is terribly perplexing with regard to the order of events, so that his readers sometimes find themselves anticipating, sometimes being suddenly carried back to earlier periods of the history. And of some critical points in Knox's career there is absolutely no account at all. We read that, "regardless of both legal and moral obligations," he commenced lecturing on anatomy in Edinburgh in 1842; but we have no clue to the nature of these obligations, or how they were incurred, or why he should not have lectured if it was his pleasure to do so.

We have mentioned what are grievous faults in a work professing to be a biography; but when we cease to try it by this test, we can perform the more congenial duty of giving praise where it is due; and if the title had been "Recollections" of Robert Knox, the praise would have been unqualified. The story of his younger days—of his adventures in Kaffreland—is well and graphically told; and the chapters that describe his skill, and recount his tri-

umphs as a lecturer, are not only eminently felicitous and picturesque, but are brightened by just a sufficient mingling of racy anecdote, which we will not separate from its setting by quotation. Of letters there are too few, and those few are of early date. We should have liked to see what change the storms and clouds of his later years had wrought in his epistolary style, and how far the stern self-assertion that characterised his public life was laid aside amongst his familiar friends.

Mr. Lonsdale's industry has made him acquainted with many of Knox's unacknowledged writings, and has enabled him to disinter a book on the "Social Evil," partly original, partly translated, in which he advocates the restriction of prostitution. Many of his contributions to this journal are recorded, many are passed unnoticed; but the list does not profess to be complete.

The work is illustrated by two portraits, one from a calotype, the other from a sketch by Edward Forbes, originally published in the *Student's Maga*. It has enabled Mr. Lonsdale to make a droll mistake by saying that "it bears the artist's well-known mark 'B. B.'" The illustration is undeniably so lettered; but we think it hardly needs saying that Forbes's "well-known mark" was "B. B. B. B." (four B's).

On the Wasting Diseases of Infants and Children. By EUSTACE SMITH, M.D. Lond. Second Edition, revised and enlarged. London: James Walton. 1870.

WE have on a former occasion reviewed Dr. Eustace Smith's book, and expressed our high opinion of its merits. Only two years have elapsed since the publication of the first edition, and another has been called for; at which we are not at all surprised. The author has added two new chapters—one on Mucous Disease, and the other upon the Diet of Children in Health and Disease; and he has revised the text, and otherwise materially improved upon the first edition. The work is a sound and scientific one; it abounds in practical information and judicious suggestions; and we can recommend it to the attention of practitioners with a full assurance that they will concur with us in the estimate which we have formed of it.

The Clinical Note-Book for Hospital and Private Practice. Edited by F. ROYSTON FAIRBANK, M.D., L.R.C.P., &c. London: John Smith and Co., Long-acre.

THIS little note-book will prove very serviceable to gentlemen engaged in hospital and private practice. The pages are arranged so as to save trouble, and economise the time of the busy practitioner, who can record a number of notes about cases that would otherwise never be recorded at all. The first portion of this note-book has one page so ruled that the name, date, age, occupation, day of illness, state of the pulse, temperature, respiration, and urine can be noted, while all other observations can be placed on the opposite page headed "general remarks." The latter part of the volume is ruled for special reports of cases unsuited for the former, and of operations, post-mortems, &c. We are glad to notice that one of the pockets contains a small brass outline plate for preserving diagrams of physical signs met with in examining patients.

The Physician's and Surgeon's Visiting List, Diary, Almanack, and Book of Engagements for 1871. London: John Smith and Co., Long-acre.

THIS is a very well-known volume published by Smith and Co., upon a plan furnished them by Mr. Francis Seymour Haden. The year 1871 is the twenty-fifth year of its appearance. It is very portable, well arranged, and contains a few pages of the most useful information epitomised to the utmost, so as to furnish the practitioner readily and easily with the facts he requires. Altogether it is the sort of book that may be turned to account by any medical man.

THE CONJOINT BOARD SCHEME.

ENGLAND.

OUR readers are aware that the London Colleges are supposed to be in conference just now with a view to the creation of a Conjoint Examining Board. We believe that the arrangements are still very incomplete, but likely to result in a scheme somewhat different from that which found favour last year. The bodies most interested pecuniarily are the Colleges of Physicians and Surgeons and the Apothecaries' Hall. But for the novel doctrine that has of late become so imperious, that the public is the party chiefly interested in the examinations which admit the bulk of men to the profession, nothing would remain but for these bodies to combine to constitute a board, to show the average number of their licentiates, and to divide the spoil accordingly. But what is wanted is, not only a conjoint board that will examine in all the branches, but a good board, composed of good examiners, that will examine and decide regardless of all pecuniary results. If rumour is to be trusted, the London corporations are not likely to agree to such a scheme. The universities, especially the English ones, are obviously the most disinterested medical authorities; and their presence in a board would be an additional guarantee of its efficiency. But it is said that they are not to be admitted into the conjoint board scheme. It is premature, however, to speak confidently, as the negotiations, up to this point, are only preliminary. We commend to the various committees of the respective Colleges the plan of our Bill, which would leave them free to act very much as at present.

IRELAND.

The Irish bodies have been in conference on the question of medical examinations. It must be admitted that they have in some respects taken a wider view of the question than has been entertained in England. A larger number of bodies were represented in the conference—to wit, the University of Dublin, the Queen's University, the King and Queen's College of Physicians, and the Royal College of Surgeons. These bodies were respectively represented by three gentlemen. Andrew Searle, Bart., LL.D., William Stokes, M.D., and James Apjohn, M.D., represented the University of Dublin; Sir Dominic Corrigan, Bart., M.D., M.P., Sir Robert Kane, M.D., and Wm. McCormac, M.D., represented the Queen's University; John Banks, M.D., Thomas Edward Beatty, M.D., and the Rev. Samuel Haughton, M.D., represented the King and Queen's College of Physicians; and Albert J. Walsh, M.D., James Henry Wharton, M.B., and Rawdon Macnamara, M.D., represented the Royal College of Surgeons. The following suggestions were agreed to at the conference, to be submitted to the consideration of the respective bodies:—

"1. That the privilege of granting degrees or licences in medicine or surgery, as at present possessed under law or charter by the several universities and medical or surgical corporations, should not be interfered with.

"2. That this conference does not oppose the establishment of a General Medical Examining Board, whose certificate shall be indispensable for registration.

"3. That the holders of degrees or licences in medicine and surgery, granted by any one or more of the universities or medical or surgical corporations empowered by law or charter to grant such, should be entitled to present themselves for examination before the General Medical Examining Board, on production of such degrees or licences.

"4. That no candidate should be admitted to the exami-

nation of such General Medical Board who does not previously possess a medical and surgical qualification from one or more of the corporations legally entitled to grant the same.

"5. That the General Medical Examining Board should consist of an equal number of members from England, Ireland, and Scotland; and that the meetings for examination should be held successively in England, Ireland, and Scotland, by all the members of the board, or such as may be deemed requisite from time to time, provided always that each division of the United Kingdom shall be represented at each examination.

"6. That the General Medical Examining Board should not have any power to interfere with the general or professional education of candidates; that the regulation of the curriculum of education should remain with the several universities and colleges, as at present; the functions of the General Examining Board being altogether confined to the principle and details of examination.

"7. That candidates should not be put to any expense in undergoing the examination of the General Examining Board; that such examination, being for the advantage and protection of the public, the State should defray the expenses, in like manner as the expenses of examination for the army and navy are paid for by the State.

"8. That the examiners from each division of the kingdom should be elected by the universities and medical corporations entitled by law or charter to grant degrees or licences in medicine or surgery, in such division of the kingdom.

"9. That the General Medical Examining Board, so elected, should be empowered and required to draw up a scheme for the examination, both in general and professional knowledge, of all candidates entitled to present themselves; such scheme of examination to be subject to the approval of the General Medical Council."

We have elsewhere made some allusion to this scheme, which of course still awaits the approval of the individual bodies. There are some good points in it, but there are others which are obviously objectionable. Why not at once fall in with our plan of a National Medical Examining Board, and leave the individual bodies their entire independence? There is an admission here that the State needs another body independent of existing boards, and the duty of paying for it is imposed on the State. But the existing bodies claim the right to elect the new examiners. We appeal to the Irish universities and colleges to reconsider the matter and support our scheme.

DISEASES AMONG ANIMALS.

NOTHING further has been heard of cattle-plague in Belgian Luxembourg, and we may, therefore, conclude that the hope we expressed last week of the source of the infection being extinguished has been verified.

Cattle-plague is reported to exist abroad in the following countries:—In *America*, in the province of La Plata; in *Austria*, in the provinces of Transylvania and Galicia; in *France*, in Alsace, Lorraine, Seine and Marne, North-eastern Departments, Meuse and Moselle, the Valleys of the Ardennes, Bar-le-duc, Gravelotte, and the vicinity of Versailles; in *North Germany*, in Prussia, Rhenish Prussia, Brandenburg, and Eastern or German Lorraine; in *South Germany*, in Baden, Bavaria, and Wurtemburg; in *Russia*, in Poland, in places opposite East Prussia, and Kowno; in *Turkey in Asia*, on the north-east coast of the Black Sea; in *Turkey in Europe*, in Roumania and Thessaly. Thus it will be seen that the disease has ceased to exist in Saxony and Mecklenburg Schwerin, in which provinces we mentioned its existence in our last report.

Pleuro-pneumonia is reported to exist abroad in both North and South Holland, North Germany, and Turkey in Asia; whilst it is tolerably frequent in Ireland, and exists in thirty-five counties in Great Britain.

Foot-and-mouth disease is reported to exist abroad in North Africa, South America, Denmark, France, and Italy. It is also found in various parts of Ireland, and in fifty-seven counties in Great Britain.

Sheep-pox still exists in many parts of North Germany.

Sheep-scab also still exists in North Germany, and in thirty-three counties in Great Britain.

SANITATION IN INDIA.

To the Editor of THE LANCET.

SIR,—With reference to Dr. Maclean's reply, in THE LANCET of the 26th inst., to my letter in that of the 5th inst., I would beg the favour of your inserting the following explanation.

Dr. Maclean says: "Cholera is a disease that has been subjected to as patient clinical investigation in Europe and Asia as any to which flesh is heir." THE LANCET of the 2nd January, 1866, and the India Office Sanitary Blue-book of 1869, show that I hold a very different opinion.

The reason why cholera has not as yet been sufficiently clinically investigated in India is well stated in the Army Sanitary Commission's "Instructions for conducting an inquiry into Cholera in India." Thus: "During an epidemic visitation, when medical officers are suddenly subjected to a great increase of labour, and have their anxieties and responsibilities equally augmented, with, possibly, the inconvenience and discomfort of a movement of the troops, it is not, of course, to be expected that they can always make post-mortem examinations. Everything must be subordinated to the welfare of the sick." The practical lesson which these words teach is, that on the occurrence of epidemic visitations the number of medical officers should be so increased as to render practicable the thorough clinical investigation of the disease. That such investigation is essential to a knowledge of the causes of cholera is surely not to be gainsaid. Is not all positive knowledge of the causes of diseases ultimately traceable to generalisations from the "previous histories" of a sufficient number of carefully observed individual cases of disease?—and is it not because a sanitary department does not deal with the observation of individual cases of disease that it is not competent to increase, or even to maintain accurate, existing knowledge of the causes of disease? As regards the "previous history" of cases of cholera in India, it may, perhaps, be objected that in regimental communities there is much that is common, but still there are always differences which it is important to note; and when we have to do with civil communities the differences become the rule.

In respect to the "cholera inquiry" now going on in India, I would remark that it is very important in reference to a knowledge of the causation of disease that, as far as practicable, all the conditions of all the various agencies which affect life should be subjected to the best methods of investigation, and that positive knowledge thus acquired should be applied to the positive knowledge resulting from clinical research. It is thus that we will attain to the highest degree of knowledge of the causes of disease. But to designate an inquiry into the conditions of various agencies which influence life by the name of a disease, and thereby to imply that it comprises an inquiry into the causes of that disease, is, it seems to me, a confusion of ideas. When such inquiries have led to positive knowledge, this knowledge should be possessed and applied by the observer of disease; but without this work of the observer of disease, the knowledge in question will remain barren of practical results as regards the science of etiology.

One word on the method and spirit of these scientific inquiries. I am of opinion that in these days theories on important questions of disease, based on incomplete and imperfect investigation, are too hastily and confidently put forth, and too readily accepted, and that thereby the character of medical science is lowered, and its steady progress impeded. If we had a little more of the patience and caution which Jenner exhibited in conducting his inquiry and publishing its results, our tree of knowledge would bear more and better fruit.

I am, Sir, your obedient servant,

Edinburgh, Nov. 3rd, 1870. C. MORRHEAD, M.D.

THE LANCET.

LONDON: SATURDAY, DECEMBER 10, 1870.

WILL the profession help us to pass our Medical Bill? Proof gathers from every quarter that we have succeeded in including in it the essential points of Medical Reform. A smaller, more authoritative Medical Council, representative, not of a few lucky members of the profession, but of the whole profession, as well as of the Crown and the medical bodies; and an Examining Board, independent of all corporations, acting under the authority of the Medical Council, composed of examiners appointed for their knowledge of particular subjects,—are points from which, if we at all understand the subject and the profession, there can be no recession, and which must find expression in any legislation. But it is not enough that a Bill be framed and circulated with THE LANCET throughout the profession. The profession must adopt it, and must take upon itself to have it passed through Parliament. We promise on our part to adhere as closely as possible to the Bill as it stands at present. A few points may have to be conceded that we and the profession think important. A few clauses will, doubtless, have to be modified; but the great points of the Bill—a new Medical Council and an independent Examining Board—we promise to abide by. So much on our side. Let us urge the profession on its part to immediate exertion in favour of the Bill. Local meetings of the profession should be held in every part of the country. We shall be glad to report briefly the particulars of such meetings. Two advantages will accrue from such a course being immediately pursued. There will be time for discussion and for the suggestion of points which we ourselves may have overlooked. Members of Parliament are now living among their constituents. They are, from the discussions of last session, unusually well up on the subject of medical reform, and will be quite prepared to receive instruction in regard to it. We anticipate the general support of the profession, and have only to ask the practitioners of the country to be as earnest in supporting our Bill as they were earnest in opposing the Bill of last session as one altogether inadequate to remedy the evils complained of or to meet the feelings of the profession.

The Government has given proof of its wish to see the medical examining system of the country placed on a sounder basis; and we may well believe that, if the profession shows itself satisfied with our proposals, and can induce members of Parliament generally to support it, the Government would not seriously resist an attempt to do that which it cannot always have time enough to attempt to do. A Government—even when it is a liberal one—is bound to defer greatly to existing institutions and arrangements. It was the very weakness of the Government that it was almost obliged to consult all the parties who were to be directly affected by its proposals. As a consequence, it had to content itself with the very minimum amount of reform. We are under no such obligations. It is our duty to observe the faults of existing arrangements, and, irrespective of all considerations but the honour and efficiency of the profession, to have them amended. The Government will have urgent work of a social and sanitary kind on its hands in the ensuing session; and it may well be that it would not be unwilling to see the amendment of the Medical Act effected by the energy of the medical profession, provided that it was done in a way that secured the greatest benefit to the public with the least possible interference with the independence of the various medical authorities of the country.

Very important collateral proof of the need for such proposals as are made in our Bill will be found in the schemes of medical reform which are emanating from the various medical authorities of the country. These schemes at once demonstrate the necessity for our proposals and the hopelessness of expecting adequate reforms to be carried out by the bodies interested. The Irish bodies, particularly the Irish College of Surgeons, in the course of last session, displayed considerable interest in the subject of medical reform. Again, in anticipation of next session, at the instigation of the College of Physicians, the Universities and the Colleges of Ireland have been in conference on the subject, and they have agreed to various suggestions to be submitted to the individual bodies. Amongst these is Suggestion No. 2, to this effect: "That this conference does not oppose the establishment of a General Medical Examining Board, whose certificate shall be indispensable for registration." Here is one essential feature of our Bill proceeding from the conference of Irish bodies, and which we regard as unanswerable proof of the need for some examining board for the purpose of licensing men for general practice, other than and distinct from any existing at present. If all the bodies in Ireland think there is need of another examining board, it cannot be surprising that we are of the same opinion. But then come the proofs that the bodies affected do not make good advisers in the case simply because they are interested. The Irish bodies propose that they shall have the election of the new General Medical Examining Board; that before a man presents himself for examination before this board he shall provide himself with a medical or surgical qualification from one or more of the corporations legally entitled to grant the same. There is neither fairness nor dignity in this arrangement. If a man is required, as a condition of registration, to submit to the adequate examination of a General Medical Examining Board, including examination in every branch of the medical art, there is no fairness in requiring him to undergo previous examinations in the same subjects. And, as there is no fairness, there is no dignity. The colleges had far better adopt our plan—allow the new Examining Board to be appointed by the General Medical Council, and retain their entire independence by leaving the new licentiates to take their diplomas or not to take them, as they please. Our belief is that in the majority of cases, the fee for examination under the General Medical Council being small (indeed we should not object, as the Irish bodies suggest, to throw the whole expense of this examination on the State), the new licen-

tiates would proceed to affiliate themselves with the medical colleges of the country; but the colleges should not require this as a condition of obtaining the licence to practise. The negotiations for a Conjoint Board in London, as far as we know, are likely to be even less satisfactory than in Ireland. It is rumoured, we do not know with how much authority, that at the recent meeting of the Committees of the Colleges of Physicians and Surgeons it was determined to exclude the universities from the Conjoint Board which it is proposed to establish for England. This would be a retrograde step even from the scheme of last year, which contemplated the presence of the universities as assessors, if not as partakers of the fees paid for examination. It is certain that such a board would not be satisfactory to the public. In view of all these imperfect attempts at reform, we urge the profession heartily to support our Bill; and we are not without hope that even the medical authorities will accept it as the arrangement most honourable to themselves, and most likely to secure the public objects which are the only justification for legislation.

AT a recent meeting of the Health Department of the Social Science Association, several subjects bearing upon medical aid to the wounded were discussed. We are induced to make a few comments on some of the proposals put forward in consequence of the difficulties connected with them not having, as it appears to us, been fully thought out. There is, we suppose, but little doubt that the State will be compelled, ere many years are over, to adopt some system or other by which it can utilise the manhood of this country for defensive military purposes. The maintenance of a standing army equal to our requirements, if we are to hold our own with the continental powers, would be impossible: the expense, to go no further, would be ruinous. To adopt the Prussian system *in its entirety* in a country like England would be impracticable. As long as we have colonies, so long must we have soldiers willing to serve abroad; and this will not only compel us to keep up a standing army, but one of sufficient strength to allow of a regular system of relief; for we do not suppose that either officers or men could be found willing to pass their whole periods of military service abroad. That the principle of the Prussian system will be adopted in so far that all, or nearly all, the healthy male population of the military ages will be compelled to undergo the minimum of military training requisite to render them capable of assuming the functions of a soldier we make little doubt. If this be accepted, we can easily perceive how the civil members of our profession can render the greatest service. The European continent is, in a rough geographical view, on a large scale what Great Britain is on a small one. In the present Franco-German war, hospital surgeons and eminent professional men can reach the various battle-fields or hospitals in the rear of the army with, comparatively speaking, the same facility that men from the metropolis could reach a district in Northumberland say; but in more than nineteen out of twenty of the wars in which we have been engaged the battle-fields have not been in England, but somewhere between this country and the ends of the earth. Supposing that we sent a British contingent to Turkey, for instance, is it contemplated that our most celebrated hospital surgeons would or could leave their practices to go there? One has only to put such a question to perceive the absurdity of it. Assuming, however, that the services of such men as FERGUSSON, PAGET, and PRESCOTT HEWETT could be made available, what would be achieved? They could only see a case here and there, and possibly unravel the difficulties and decide upon the best course of treatment of those they did see; but their action and the benefit of their skill would be limited to the individuals on whom it was brought to bear; but what would they be among so many? It is only the most eminent members of the profession that could furnish the necessary requirements, as to experience and information, to fit them to decide upon what was to be done. Even these could not bring any technical knowledge of gunshot wounds or military surgery to bear upon the cases; for it is scarcely likely that military surgeons possessing such knowledge, selected from the general body of the profession, and specially trained to exercise their functions under the exigencies of military life, would consent to have their judgment overruled by a number of men unknown to fame, who might or might not have the requisite qualities to enable them to suggest anything worth listening to. If it could be shown that hospital surgeons, even the most eminent of them, could supply such rules or advice as should be capable of general application, it might be fairly urged that the Government ought at once to seek their aid; but they could do nothing of the kind. The loss of life in warfare would not be materially, if at all, affected by the application of any refinement in diagnosis, or skill in the treatment of the individual units. It is not to these things, but to the exposure of wounded on the field, to the occurrence of nosocomial diseases in hospitals, the absence of organisation, proper food, shelter, surgical appliances, and ambulance transport, that we must look, if we are in search of the causes which make military surgery so unsatisfactory. We do not think that surgeons in civil life would pretend that they were superior to their military *confrères* in a knowledge of sanitary science or of military surgery, for they unquestionably are not, and from the nature of things never can be. Civilians, not being hemmed and tied by rules of military subordination, can make their voices heard, no doubt, without fear for themselves, and so they may be enabled to obtain that attention from the authorities and from the public which the military medical element fails to secure. But this is far, very far, from being an unmixed good; and it is often a gross injustice. Nothing is easier than for amateur sanitarians and reformers to promulgate their opinions, as if they had all the force of original discoveries; and the public oftimes regard them as such, when they are only the old, old texts about which army doctors had been preaching for years before. To those who are officially charged with the responsibility of the medical care of the sick and wounded, who have had to encounter all the dangers and miseries of a campaign, and who have, perchance, been at their wits' end to overcome the difficulties of their position,—to such it is a cruel injustice to be superseded by a class of men who, without having had any of these things to encounter, step

forward and make obvious recommendations, to which effect is given in consequence of their possessing an uncontrolled power to publish and reap the credit of labours for which, too, they are all the while being most probably handsomely rewarded. Are we, then, contending that there is no place for the civil element in military life? Far from it. We consider that it is as much the duty of the State to provide for the wants of its soldiers, as it is to provide those soldiers. Supposing that England were overrun with an invading army, there can be no doubt that we should, to employ the hackneyed phraseology of the day, fight it out to the bitter end; and, in that case, there would be ample room for the civil element. Our civil hospitals might then be subsidised by the Government, and they would present a very different spectacle from what they now do. In order to meet this, we take it that the sooner we settle in our minds whether we shall have a National Medical and National Aid organisation, and what these shall be, the better. Whether the force in this country is to be remodeled on our present system, and consist of an augmentation to the requisite amount of its three elements of a standing army, militia, and volunteer force, or not, does not affect the principle we have in view. The medical branches should be organised in such a way as to make it possible for civilians to supplement the work of the Medical Department of the regular army in a systematic and harmonious, instead of an erratic and irritating, fashion. The regular army and the militia should, in our opinion, be subordinated to the Commander-in-Chief, and the medical section of it to the official head; and the division of England into districts, with a militia medical staff composed entirely or mainly of half-pay medical officers, would, we think, tend to render the administration more effective and simple than it is at present. With regard to the volunteers, the medical officers should be allowed to manage their own affairs, but on essentially the same model as that of the other portions of the force, otherwise there would be no end to the difficulties that would arise in the event of their acting in co-operation with them on field service. With this view, we would suggest that they be provided with some representative head, through whom all official correspondence should percolate, and by whom all medical administrative arrangements should be effected. In the event of active service, however, it might be necessary for the medical administration of the volunteer force to act in concert with, if not in subordination to, the Director-General. As to the knotty point of the general staff or the regimental system, we cannot see that anything was added to our information by what was said at the meeting about the working of the former in the Prussian army. It is almost as absurd to suppose that any amateur could become possessed of the requisite knowledge of the working of either system by a hurried visit to the field as it is to suppose that army doctors could have discussed the subject at a public meeting, or that the authorities would have been influenced by anything they said if they had.

THE present position of the Medical Department of the Navy is one which deserves the most serious notice, not merely from those who, like ourselves, are interested in all that concerns the medical profession, but from statesmen and the public at large, who cannot but regard with dismay the present collapse of an important branch of our national defences. The facts are simply these: that, on two occasions within the last few months, the Admiralty has sought to induce young medical men to enter her Majesty's service as naval assistant-surgeons, with the result of gaining fourteen recruits at the first, and six at the second, examination, although no fewer than five-and-twenty vacancies were announced on each occasion—a number really below that of the actual vacancies. Let us for a moment consider what this means should we be unfortunately involved in a European war, in which our navies would have to take an active part. It means that our ships would go into battle, the bloodshed of which would far exceed that of naval battles of the NELSON and COLLINGWOOD period, insufficiently supplied with surgeons properly prepared for the exigencies of the sea, and that, consequently, the lives of our seamen and of their officers would be unduly imperilled; and this from no fault of their own, and from no special daring of the enemy. It may be said that, in case of emergency, volunteers would be found in plenty, or that the Admiralty might, as was done in 1855, avail itself of the services of unqualified students; but we reply that experience of naval life is essential for the proper care of the sick and wounded on board ship, and that no temporary expedients can relieve the Admiralty of the duty incumbent upon it of providing the proper number of medical attendants for each of her Majesty's ships.

As if to show that the present dearth of candidates is not due to any want of young medical men without employment or attractive private prospects, we have the Director-General of the Army Medical Department overwhelmed with applications—above one hundred in number—for the vacancies announced for competition in February next; and were the Indian medical service open also, we believe there would be no lack of candidates for a life in tropical climates and with all the drawbacks of long absence from home. What is it, then, that prevents the English and Scotch students who flock to the military standard from joining the navy, and compels the Director-General of that service to be content with what recruits he can obtain from the Irish schools? Even this source, however, is likely to be dried up; for we learn that recent events have begun to shake the confidence even of the "men of Cork" in the good faith of "their Lordships."

The "last straw" which will go far to break the back of the department is the fact that the staff-surgeon of Admiral HORNBY's ship has been called upon to refund the "table-money" drawn by him as staff-surgeon of a flagship, on the ground that the Admiral was not literally a "commander-in-chief on a foreign station." Perhaps the money was paid in error; but everyone except an Admiralty official would suppose an admiral in sole command of a large squadron to be a commander-in-chief. The thing itself may be a small one (except to the unfortunate staff-surgeon, indeed), but it is a sample of the system of giving with one hand and taking away with the other which has so long ruled at the Admiralty, and never more so than in these days of Liberal administrations.

The reduction in the number of good-service pensions in the medical department is but another instance of the same thing. A pretence of six pensions is made, but it is soon found that a special "rider" reduces them to three! The refusal to put the staff-surgeons on the same footing as regards retirement as paymasters and chaplains and naval instructors is a still more flagrant example of unwise parsimony, and has had a most injurious effect upon the service.

After all, however, even beyond the distaste for sea voyages and being cooped up on board a ship for many months, is the feeling of dislike, on the part of well-educated gentlemen, to be exposed to the caprice and practically autocratic will of some ignorant and bullying commanding officer. We are quite prepared to allow that naval officers are for the most part gentlemanly and agreeable shipmates even in authority; but we do complain, when, as happens now and again, a commanding officer falls foul of a medical officer, that the latter invariably goes to the wall, and that, even when the medical man is proved to be in the right, the Admiralty never visits its displeasure in any tangible form upon an "executive" officer, whilst, if a medical officer be caught tripping, no mercy is shown him. We need not multiply instances; we will merely recall attention to the notorious case of Captain RANDOLPH and Dr. STIRLING two years ago, and would ask how the Admiralty has shown its appreciation of the Captain's acknowledged indefensible conduct, except by putting him into a place of honour and position of trust? *Verbum sap.*

IN the last part of the "Archives of Gynæcology" there is a paper of considerable importance, on the Pathology of Uræmic Convulsions, by SPIEGELBERG. According to the views of FRERICHS, as is well known, the convulsions occurring in renal disease result from the imperfect excretion of urea; this, accumulating in the blood, becomes decomposed into carbonate of ammonia, which constitutes the exciting cause of the various symptoms observed. Notwithstanding the plausibility of FRERICHS' explanation, supported as it was by experiments, a reaction set in against it: partly because some observers were unable to discover ammonia in the blood of animals upon which the operation of removing the kidneys had been performed, though there was an excess of urea; and partly from the view maintained by OPPLER, that the characters of the convulsions produced by the injection of carbonate of ammonia into the blood were different from those of uræmic poisoning. This reaction at length proceeded so far that, in 1867, DOHRN declared it to be certain that the views of FRERICHS were not tenable for all cases of eclampsia, whilst it was more than doubtful whether they could be admitted as expressing the truth in any. SPIEGELBERG'S essay, however, reasserts the claim of FRERICHS' views to consideration, and facts are adduced that powerfully support them. In the first place SPIEGELBERG records the full details of a case of puerperal convulsions. Venesection was performed, and the freshly drawn blood was at once submitted to a rigorous analysis by Dr. GESCHEIDLEN. The result was that a considerable excess of ammonia was demonstrated to be present. At the same time there was a great increase in the amount of urea over that normally present—the quantity in health amounting to 0·016 per cent., whilst in this case it was 0·055 per cent. The urine was albuminous and very deficient in urea; so that, whilst during the convalescence there was 3·8 per cent., during the fits there was only from 1·1 to 1·5 per cent. M. SPIEGELBERG, in conjunction with HEIDENHAIN, undertook a series of experiments on dogs and rabbits, in which carbonate of ammonia was injected either by the arteries or the veins into the blood; and from these it appeared that conditions precisely analogous to those of the uræmic state were quickly established, the animals in all instances first exhibiting restlessness, then both clonic and tonic convulsions, and finally falling into deep coma. The following is an epitome of the symptoms observed in one of these experiments. At 8 A.M. a cubic centimetre of a 10 per cent. solution of carbonate of ammonia, containing therefore about one grain and a half, was thrown into a large branch of the jugular vein of a dog weighing between 6 lb. and 7 lb. This producing no effect, a second, and then a third and fourth, injection was made at intervals of a few minutes. The blood now contained six grains of the salt; and in the course of fifteen seconds after the last injection, general convulsions occurred, clonic spasms, alternating with trismus and opisthotonos, which lasted about a minute, and then gave way to deep coma. The general sensibility of the body was much reduced; the pulse was intermittent; the respiration 24; the pupils widely dilated and inactive. In the course of about an hour and a half the animal was able again to stand upright. At 11 A.M. the animal was stupid, strongly salivated, and discharging much urine; the pupils were small, and the pulse was 120. A fresh injection produced vomiting, and great irregularity and retardation of the pulse; and still more being thrown in, severe tetanus and clonic spasms ensued, followed by deep coma. After death all the organs were found pale and relaxed, the large vessels alone being filled with dark-red fluid blood. From these experiments and observations SPIEGELBERG believes himself entitled to maintain, with FRERICHS, that uræmic convulsions proceed from the presence of carbonate of ammonia in the blood.

IT would be difficult to overrate the gravity of the fact which is patent from the Registrar-General's returns and from other sources—namely, that a severe epidemic of small-pox is now raging in the metropolis. The deaths have risen from an average of 42 in the preceding three weeks to 60 last week, being the highest number returned in any week since June, 1863. Of the 60 deaths, 11 occurred in the northern districts, which include the Small-pox Hospital, and 35 in the eastern districts, leaving only 14 for the rest of the metropolis. The eastern districts, containing about one-fifth of the entire metropolitan population, have supplied no less than 157 out of the 300 deaths from small-pox which have occurred during the last ten weeks in London. Shoreditch has contributed 40 of the 157, Bethnal-green 36, Whitechapel 30, Mile-end Old Town 27, St. George's-in-the-East 17, Stepney 6, and the large Poplar district only 1. Shoreditch alone last week contributed 17

out of the 60 fatal cases occurring in all London. So remarkable a localisation of the disease as these figures indicate demands prompt and searching investigation by the Medical Department of the Privy Council.

The fact that one part of London is suffering more severely at the present time than the other parts does not in the least relieve the local authorities everywhere from the duty of preparing themselves to meet an outbreak in their own districts. Dr. BRIDGES, the Poor-law inspector, told the Metropolitan Asylums Board on Saturday last that there were at that time 308 cases of small-pox within the cognisance of the Poor-law medical officers alone; how many there are among the classes above pauperism cannot, in the absence of those much-needed sickness returns that have been so long talked about, be even surmised. It is sufficient to know that there is need of greatly increased accommodation for the reception of cases, and that it is of paramount importance that medical men should, in the interests of the public safety, do their utmost to procure the isolation of cases coming within their knowledge, and the disinfection of infected clothing and habitations, and rigorously to report in the proper quarter any breaches of the Sanitary Act having reference to the prevention of the spread of infectious diseases.

It may possibly be asked how it comes to pass that, with a compulsory Vaccination Act in force, we have this serious outbreak of small-pox. The answer, we fear, is supplied by a bill now lying before us, issued by the Anti-Vaccination League. This so-called League, whatever may be its actual constitution, is known almost exclusively to the public through the medium of two or three orators, who make it their business to go about the country "on stump." These individuals convene public meetings avowedly for the purpose of procuring the repeal of the compulsory Vaccination Act; and one of their devices for getting audiences together is the abundant use of claptrap allusions to "the liberties of the people" which are assumed to be imperilled by the Act. We have taken means to ascertain how some of these meetings are conducted; and we say, advisedly, that they are of a character exclusively appealing to vulgar ignorance. There is a parade of inviting medical practitioners to attend; but it is hardly to be wondered at that men whose belief in the efficacy of vaccination has been confirmed by practical experience decline to waste their time in listening to the illogical rant of the leaguers. It becomes a question, however, whether a crisis has not arrived at which these pseudo-philanthropists should be met on their own ground, and paid in their own coin. Such work would naturally be distasteful to any man of gentlemanly feeling and a regard for the law; but it may be none the less necessary to be done. We have an impression that, on more than one occasion, the League has been discomfited by the appearance of members of the profession who were able to expose the fallacies and sophistries about vaccination and its results which form the staple of anti-vaccination lectures and speeches. We have little doubt that common sense and truthfulness would, in the long run, be found as acceptable at anti-vaccination meetings as the reverse has hitherto mainly been.

Medical Annotations.

"Ne quid nimis."

THE PATHOLOGICAL SOCIETY.

THE meeting of the Pathological Society on Tuesday evening was of a very unusual character, inasmuch as Dr. Liebreich exhibited, with a fixed ophthalmoscope, several patients illustrating various conditions of the internal eye. Unfortunately, the arrangements for the purpose were anything but complete. Dr. Liebreich's table and ophthalmoscope were first set up near the door of the meeting-room, between the benches, where it was impossible for the spectators to circulate with any freedom; and, after some discussion, it was decided to remove the exhibition to the tea-room, to which a large number of the members and visitors adjourned. Considerable time was required in order to allow everyone present to look into each eye in turn; and, in the meanwhile, the President kept the chair in the meeting-room, and the ordinary business went on. At the close of this business many who had remained in the meeting-room wished to see the eyes; but by that time many of the patients were tired, or had been dismissed, and Dr. Liebreich had been again moved, this time to the middle room, in order to make way for tea and coffee. Notwithstanding these uncomfortable arrangements, the exhibition was one of remarkable interest to those who were not familiar with the ophthalmoscope. Dr. Liebreich's fixed instrument has now been before the profession, and in constant use, for about fifteen years; but it was manifestly seen for the first time on Tuesday by many of those present at the meeting, and inquiries as to where one like it might be obtained were numerous and frequent. The patients exhibited had been placed at Dr. Liebreich's disposal by several London ophthalmic surgeons; and were only too numerous for the occasion. Among others were cases of retinitis pigmentosa and of choroiditis disseminata, so precisely resembling the pictures of those diseases in the "Atlas of Ophthalmoscopy" that the latter might have been drawn from the same patients. There was also a normal eye as a standard, an example of persistent hyaloid artery and vein, of posterior staphyloma, of exudation into the retina, of atrophy of the optic nerve, and of dislocation of the crystalline lens. The members of the Society who preferred dead specimens to living patients had an opportunity of inspecting a large number of bullet injuries to bone, brought from the seat of war by Dr. MacCormac.

DR. LYON PLAYFAIR AS A MEDICAL REFORMER.

DR. LYON PLAYFAIR has been crying over spilt milk. He seems acutely distressed at the folly and presumption of the profession in not thankfully taking the Medical Bill of last session, with the promise of a Select Committee to inquire into the subject of the Medical Council. Dr. Lyon Playfair, in the speech which we report elsewhere, reads the opponents of the Medical Bill a kind of lecture. He thinks the opposition to the Government was a mistaken policy. Dr. Lyon Playfair is of course entitled to his own opinion. But we should like to see a little more proof than appears that he realises that the opponents of this Bill were nearly the whole medical profession, who rejoice as acutely as he seems to lament that the Bill did not pass. If the other medical, or *quasi*-medical, members of Parliament had acted as Dr. Playfair seemed disposed to act in this matter, we should have had the poor measure of last year passed without a murmur; and we might have bade adieu to all true medical reform. And if the other

members of Parliament supposed to represent medical men go about fulsomely lauding the power of Government, and disparaging the power of the profession, as Dr. Lyon Playfair did in his speech, we may also now despair of seeing the changes accomplished which everybody feels to be necessary. But, fortunately, there are true representatives of the profession in Parliament, who believe, as the whole profession believes, that though the cause of medical reform is temporarily delayed by the rejection of the Government Bill, it will ultimately be greatly advanced. Everybody but Dr. Playfair, and perhaps a few members of the Medical Council, believes this, and is more and more amazed at the defects of the Bill of last year. There is a sensible opinion that the Act of 1858 must be amended thoroughly. Let it be remembered that the Government did not promise to bring in another Bill to reform the Medical Council, but only not to oppose a Select Committee. And upon the strength of this promise, Dr. Playfair thinks we should have let the Bill pass. Dr. Playfair tells us it is impossible for any private Bill on this subject to pass. He may learn from the fate of the Government Bill that it is impossible for a Government Bill to pass that does not take some account of the feeling of the profession on this subject, and do the work of amending the Medical Act thoroughly. Dr. Playfair kindly advises those who desire a reform of the Medical Council to come to some understanding with the Government. The advice is good. We should greatly defer to a Government that has taken so much trouble in the matter. On the other hand, let us counsel Dr. Playfair in a friendly spirit to be less anxious about "having an understanding with the Government." This exclusive consideration for "the Government" seems rather to hinder his usefulness as a representative and as a reformer. He is sent to Parliament to represent the views of his constituents, rather than represent the views of Government to them. Let us have a little more regard to the great interests of the public, and a little less to the views of particular Governments. If Dr. Playfair would like to have the credit of helping to amend the Act of 1858, let him forget the Bill of last year, and consider those suggestions which are actually before the profession, and will shortly be before the Legislature.

THE DWELLINGS OF THE LONDON POOR.

THE conclusions at which we arrived as to the condition of the courts of Liverpool, their permanent unfitness for human habitations, and the necessity for adopting a policy of demolition in preference to one of improvement and repair, have just received singular confirmation from a variety of sources in the metropolis, where a similar policy has been recommended. Thus, to begin with fiction, which, like a feather launched into the air, indicates the direction of the present wind, we draw attention to an admirable description of the courts and alleys of St. Tibb's-lane (Gray's-inn-lane), by Mr. Augustus Sala, in this month's *Belgravia*, in which he says of the inhabitants that "they're all pretty well tarred with the same brush—men, women, boys and girls, babies in arms a'most. The lodgers in Blancheart's-gardens [Baldwin's-gardens?], and all the places hereabouts, belongs to the same family. Its the drink that does it, and the dirty and the mucky way they live in. The police can't do anything with them. The parson can't. The catholic priest thinks he can do a great deal; but directly he turns his back they're at their old devil's tricks again. The kind ladies and gentlemen that bring blankets, and soup tickets, and tracts round can't do anything. Nothing can that I know of, except a good rousing fire. Then there'd be an end of Great Tibb's-lane, and nobody'd dare to build it up again as it was before." So also, in sober prose, Mr. Liddle, of Whitechapel, who, in a report just issued, attributes the high mortality in his district to the wretched condition of the tenements of the poor. Notwithstanding all that is or can be done by the sanitary authorities, it is not possible, says he, to render fit for habitation a large class of houses crammed together and without proper ventilation. The only thing to be done with these dens is to pull them down. Mr. Liddle draws attention to the impropriety of entrusting the responsibility of determining as to the unfitness of a house for habitation to a single medical officer of health; and he is perfectly right in adding that, "so long as such a power is entrusted to one man, the law will not be satisfactorily carried out." In our opinion neither Mr. Liddle nor Dr. Trench, nor any other officer of health, however energetic he may be in the cause of sanitary improvement, dare to propose that the unhealthy courts of Whitechapel and Liverpool, costly as they are and must be to the public, should be razed to the ground. But Mr. Liddle's arguments are just. A house proprietor has no more right to let out fever-producing houses than a butcher to sell unwholesome meat; in fact far less, for the butcher at worst poisons the individual, the house proprietor the whole neighbourhood.

SIR WILLIAM LAWRENCE AND CHLOROFORM.

AT the opening of the Edinburgh Royal Society's winter session, on Monday evening, Professor Christison made some remarks on the discovery of chloroform, which illustrate in a very interesting manner how nearly Sir J. Y. Simpson was anticipated in his introduction of the anæsthetic into practice. In the summer of 1847—only a few months before the November of the same year when Sir J. Y. Simpson's discovery was announced—Sir William Lawrence had repeatedly used in practice an anæsthetic which came recommended to him under the absurd name of chloric ether, and which he found much more safe and certain than the so-called sulphuric ether. Had Sir William had the chemical knowledge which Sir J. Y. Simpson very properly held should be possessed by every practitioner, he would have been able to see that the chloric ether was simply chloroform dissolved in rectified spirit. As it was, Sir William and his assistant were busily contriving how to concentrate their chloric ether, when Sir J. Y. Simpson's discovery came forth, and put a stop to their inquiries. This contribution to the history of chloroform Professor Christison states on authority; and it certainly shows, in a very striking manner, how men of science often graze the truth (so to speak), on which a more fortunate contemporary alights.

NEGLECT OF THE WOUNDED IN PARIS.

THE subordination of every duty to that of keeping out the Germans seems to have told severely on the public infirmaries of Paris. The soldiers from the outposts and fortifications, whether sick or wounded, are treated in the most perfunctory manner. Even before they are subjected to this experience they are often left for hours bleeding on the ground and smarting from the bitter coldness of the weather. In one infirmary, according to a trustworthy observer, the sick and wounded had been left for ten days without either linen or lint, although the chief medical officer had made daily application for these articles, and had marked on each missive "urgent—most urgent." In another infirmary, according to the same authority, no more than two medical aids were named by the Government to attend eighty patients either badly wounded or prostrate with fever. Positive orders had been given by one infirmary inspector to remove and store away in a garret seventeen

beds, and to refuse admittance to any sick or wounded who might be brought to the infirmary. A surgeon having been sent for to an ambulance hospital at Passy, and requested to operate in an urgent case, asked for the requisite instruments, but received the laconic answer, "We have none." He had to return home and fetch them. Another flagrant instance of the inefficiency (to say the least) of the arrangements for treating the wounded is reported by a credible eye-witness. A national guard, having met with an accident on the ramparts, fainted away. He was carried to a private ambulance, but was refused admittance, and ordered to be taken to the military infirmary on the ramparts. When brought there, neither a doctor nor an aid was present. He was then carried to another infirmary, where he was again refused admittance; and it was not till after being dragged through the streets under a pelting rain that he was at length taken into a hospital. The incident has created a bad impression in Paris, and, if of frequent occurrence, must go far to promote intolerance of the conditions of an invested city, and accelerate capitulation. Scenes not more harrowing at Sebastopol produced such an effect on the Czar that he surrendered the fortress.

EDINBURGH AND THE LADY STUDENTS.

WE perceive by the papers that the four students who were recently convicted and fined for the part they took in the demonstration against the female students at the Surgeons' Hall, Edinburgh, have been severely reprimanded by the University authorities. A notice has, moreover, been put upon the walls of the University, warning the students that, in the event of any one of them being brought before a police magistrate and convicted, the case will be dealt with by the Senatus Academicus as a university offence. For those who took part in the unseemly demonstration we can, of course, have no sympathy; and it is now abundantly clear, we think, that they have neither met with, nor can they expect, any from their fellow-students. Without then in any way seeking to extenuate the offence of those who have been justly punished, we must not lose sight of the cause of this agitation. We consider the system of mixed education for medical students to be more than a mistake. Disguise the thing as we may under a number of vague generalities about all idea as to the difference of sex being lost in the pursuit of science, &c., there cannot be a doubt that no girl who has been brought up in the sphere in which persons of refinement are to be found, could dissect the different parts of a human body, or listen to anatomical and physiological lectures, in the presence of a number of young men, without outrage to the delicacy and sense of modesty of both sexes. If the male students feel this while the lady students do not, all we can say is that the former seem to us to manifest a far more delicate appreciation of what is modest and becoming than the latter. A youth remembering the sisters that, it may be, he has left at his own hearth, cannot reconcile the presence of female students with his conception of what ought to characterise a feminine nature. A young fellow who has been well brought up unquestionably feels a considerable amount of diffidence and hesitation in discussing some subjects with women, whatever these may do. Dissection is not a pleasant occupation at any time, and it is a very repugnant task to many students; but for a girl to be so occupied amid a number of male students seems to us, in one word, *nasty*. We can, of course, have no right to define, in any arbitrary fashion, what is or is not a correct and becoming occupation for girls; nor do we seek to do so. What we do assert is this, that if, in the "eternal fitness of things," there must be female doctors and female students of medicine and surgery, they should either seek their information at hospitals of their own, or, at any rate, pursue their studies separate from the male students. As the Bishop of Manchester recently remarked at the annual meeting of the Manchester Society for promoting the Higher Education of Women:—"If anyone looked upon a school of anatomy, containing mixed classes of male and female students of from eighteen to twenty-five years old, as an edifying spectacle in the midst of modern civilisation, then their notions of what was right and becoming were very different from his."

SUBSTITUTION OF SALTS COMPOSING THE BONES.

THAT certain salts entering into the composition of the body can be substituted by others belonging to the same series, if supplied in the food, has been long known. Some good experiments, however, have been made in the course of the past year by M. Papilion, and are recorded in the *Comptes Rendus*. In one of these a young pigeon was dieted on distilled water to which hydrochlorate, carbonate, sulphate, and nitrate of potash were added, and with grain made into a paste with strontia. The bird remained in perfect health for nearly eight months, when it was killed, and an analysis made of its bones, with the following results: In 100 parts there were of lime 46·75, of strontia 8·45, of phosphoric acid 41·80, and of phosphate of magnesia 1·80; residue, 1·10. In a second experiment a white rat ten days old was subjected to a similar regimen, except that phosphate of alumina was substituted for the strontia given to the pigeon in the proportion of about a grain and a half per diem. The animal remained to all appearance in good health for about six weeks, when it died suddenly in convulsions. An autopsy showed the presence of intense enteritis. Analysis of the bones showed that in 100 parts there were of alum 6·95, and of lime 41·10 parts. Another animal of the same litter was supplied with phosphate of magnesia instead of phosphate of alumina, and was killed at the same time. Analysis of its bones showed the presence of magnesia in the following proportions in 100 parts: Magnesia 3·56, lime 46·15. In all the animals the appearance presented by the bones was natural, and they seemed to possess their ordinary physiological peculiarities.

A SPECIAL CORRESPONDENT TURNED DOCTOR.

THE Special Correspondent of the *Daily News* with the besiegers of Paris, at the head quarters of the Saxon army, Magency, appears to unite the qualities of an uncommonly good correspondent with those of a dexterous surgical manipulator. At the outside of Argenteuil, on the Sartrouville road, he was called upon to perform his first surgical operation, and to display any inventive faculty that he might possess; and we are bound to say that his success in both respects was creditable to him. A peasant hailed him on the road with the information that his wife had been wounded on the previous evening, and as the correspondent was neither a Prussian *militaire* nor a *curé*, the peasant concluded that he must be a doctor. He found the wounded woman with both bones of the forearm smashed, and the bullet lodged beneath the skin on the tip of the shoulder-blade. A slit was made by the aid of a pocket knife, and the missile removed; and with the aid of a toothpick, in the absence of a probe, a piece of cloth was at the same time extracted. The elbow-joint appears to have been uninjured, and our correspondent, by means of pillows, "busks" of wood from the woman's corset, straightened in hot water, the horsehair from a disemboweled sofa, and strips

made from sheets torn up for the purpose, "set" the poor woman's arm. If his bandaging were not so perfect as if it had been executed by Sir William Fergusson, he succeeded at any rate in doing a good deal, and in earning the avalanche of blessings that fell on his head on his taking leave. The *Daily News* correspondent evidently has all the elements of a good army doctor in his composition, and has not used his powers of observation and practical common sense for nothing.

THE FLYING SQUADRON AND SANITARY SCIENCE AFLOAT.

IT is announced that "Admiral Hornby has received a letter from the Admiralty, in which he is complimented for the economy of fuel on board the ships of his squadron during his late voyage round the world." This compliment, satisfactory as it doubtless is to the gallant recipient, would be considerably emphasized if the public were, at the same time, officially assured that the "economy of fuel" did not result in an economy of the water-supply issued during the voyage. A medical report from the senior surgeon of the squadron on the sanitary condition of the men during their absence would be interesting, and we should then hope to read that, though careful of coals, the admiral was lavishly liberal in the matter of water. Many circumstances connected with the health of crews must have occurred in so extended and varied a cruise, and much that is useful might possibly be recorded for the future benefit of the Royal Navy, and also of the mercantile marine. And *apropos* of this subject, we should be specially glad to know the experiences of the medical officers of the squadron as to preserved meats. Much controversy still continues on this head, and it is certain that they are, as yet, by no means popular among the people, ashore or afloat. We have always maintained that more strenuous and more industrious efforts should be made to popularise this kind of diet among the sailors of the mercantile marine, and it should be the duty of Royal Navy officers to record and make known any information on this and kindred subjects that may be obtained during these extended voyages of her Majesty's ships.

THE SANITARY ACT AT EPPING.

SOME time ago the inhabitants of Epping, being desirous of improving their sewerage, applied to the Secretary of State to define a special drainage district in accordance with the provisions of the Sanitary Act of 1867. The Secretary of State complied with their request, and formed a district including part only of the parish of Epping and of other parishes in the neighbourhood. But as soon as the district was formed it was discovered that there was no sewer authority having power to raise money for the purpose of effecting those sanitary objects for which the application had been made. Upon this the Secretary of State made the following order:—

"Whereas complaint has been made to me, as one of Her Majesty's principal Secretaries of State, that the sewer authority of the special drainage district of Epping constituted in pursuance of the Sewage Utilisation Act, 1867, has made default in providing its district with a proper system of main sewerage, and whereas I am satisfied, after due inquiry, that the said authority has been guilty of the said default, I do hereby make order on the said authority to do its duty in the matter of the said complaint, and begin to set about the works for the purpose within one month from the date of this order, and proceed therewith until completion."

This order was for the same reason disobeyed, and the Secretary of State, in pursuance of the powers vested in him, at once conferred upon Jabez Church, Esq., C.E., the necessary powers to perform all the duties of the sewer authority; and Mr. Church accordingly proceeded to give notice to the land proprietors that he proposed to construct a sewer in and through their lands. But these gentlemen did not see their way to getting compensation, and consequently refused to have their lands invaded by Mr. Church's workmen. Whereupon this gentleman went to the magistrates for authority to enter, and the magistrates moved the Queen's Bench to have the order of the Secretary of State quashed. The objectors state that Mr. Church cannot act in place of a sewer authority if there is none; that he cannot enter upon other people's land to construct a sewer, if there be no public source from which compensation for such entering may be obtained. The result is a complete dead lock. Mr. Justice Mellor observed respecting the Sanitary Act of 1867, that it was impossible with any satisfaction to follow that wonderful scheme of legislation; he did not attempt it. Perhaps somebody might be able to justify the order of the Secretary of State, but at present it appeared to him impossible to do so.

RED-CROSS RISKS.

WE hope the following story, which reaches us through a French journal, is to be explained by the reporter's antipathy to the Germans. A young physician attached to the Red-cross Ambulance of Brussels was shot by a Prussian officer while on his way to Mezières. He was crossing the German lines, no doubt, but it was in the discharge of his duty; and he had a pass, wore the brassard on his arm and the red cross on his hat, besides waving a white handkerchief on his stick. His name was Debaume; and, as a medical man, he had done good service in the voluntary ambulances. He is deeply regretted, and his funeral was the occasion of general mourning. An investigation ought to be instituted into the case. No doubt the vigilance of the Prussian outposts, and the peremptory promptitude with which they shoot down all who fail to reply satisfactorily and on the moment to the challenge "*Wer da?*" is part of the soldierly virtues which serve to explain so much of their success. But there are limits even to military duty; and we hope an impartial investigation into this tragic affair will result in vindicating the honour the Germans have hitherto won for respecting non-belligerents, particularly of the fair sex; and in reassuring the votaries of the red cross that, while their noble vocation may be exposed to accidents and privation, the animosities of rival and embittered nationalities are suspended in their presence.

GUARDIANS AND THE VACCINATION ACT.

As some Boards of Guardians appear to suppose that the Vaccination Act is a mere permissive law in so far as the prosecution by them of defaulters is concerned, it will be of service to call their attention to the experience of the Guardians of Hastings in that respect. These gentlemen conceived themselves to be at liberty to decline prosecuting parents who were reported by the registrars as refusing to have their children vaccinated. They would, in fact, not go beyond the issue of notices stating that every parent *ought* to have his child vaccinated. So the Attorney-General was directed by the Privy Council to apply to the Court of Queen's Bench for a rule calling upon the Guardians of the Hastings Union to show cause why a *mandamus* should not issue requiring them to perform the duties imposed on them by Section 27 of the Vaccination Act. That section applies to defaulters whose names are to be periodically put into a list and laid before the guardians, who "shall forthwith make inquiry into the circumstances of the cases contained in the list, and if they find that the

provisions of the Act have been neglected, shall cause proceedings to be taken against the persons in default." The Attorney-General informed the Court that he had affidavits to prove that public lectures had been delivered at Hastings about vaccination, and that the result of the representations or misrepresentations so made had been that vaccination had almost entirely ceased in the district. The Court granted the rule. Thereupon a special meeting of the guardians was called, when the following resolution was carried by a large majority:—

"That the board, having had before them the opinion of Messrs. Langham and Son, that in the case of The Queen v. The Board of Guardians, the position of the board is untenable, resolves to empower them to take such steps as they may deem desirable to stop the proceedings in the case; and further, that this board resolves, at the earliest date, to carry the law into force."

Will the Hastings guardians tell us how much it cost them to buy this bit of experience in law-breaking? They have eaten their leek, and it might be that if other recalcitrant boards of guardians were made aware of its price, they would think the game hardly worth the candle.

LE BON DOCTEUR NOIR.

THOSE of our readers who have followed the able correspondence of the *Daily News* need not be told who was the late Dr. Davis, or why we pay our share of tribute to his memory; but others may not have heard that he was a negro doctor, who has just fallen a victim to his generous devotion to the starving and fever-stricken peasantry of north-eastern France. He was a native of Barbadoes, and, with the exception of a short term of residence at Aberdeen, where he graduated in medicine, he prosecuted his studies at St. Bartholomew's, of which hospital the energy and intelligence with which he worked, and his strongly-pronounced religious opinions, made him a conspicuous student. In October last he resigned a house-physiciancy at that hospital, to give his services to the suffering peasantry in the neighbourhood of Sedan, and, armed with funds which had been entrusted to him by some friends in England, he devoted himself with remarkable skill and energy to the treatment of large numbers of sick and wounded, and to the establishment of soup-kitchens at Balan and Pont Mangy, which have given food and life to hundreds of starving peasants. But his enthusiasm carried him beyond his strength, and, returning in an exhausted condition from a short visit to England, where he had been to seek further funds, he was attacked with small-pox, of which he died on the 27th November, at the age of twenty-eight, but not before he had accomplished a noble work, and earned the gratitude of hundreds who owe their lives to his self-sacrifice. For years to come, says the correspondent of our contemporary, pilgrimages will be made to the quiet nook at Fond de Givonne, where lie the remains of *le bon docteur noir*.

THE LATE MR. SYME.

WHY did Mr. Syme leave London? is a question to which Professor Christison has just given a more correct answer than has hitherto been made public. Certainly Mr. Syme's return to Edinburgh was not occasioned, as has been insinuated, by disappointment in practice. On the contrary, says Professor Christison, his practice during the short time he was in London was a great success. His reason for returning was that he felt himself uncomfortably situated in many respects, particularly as a teacher in University College. His final determination to leave the metropolis was made after being present when two of his colleagues were grossly insulted by the students at a great public meeting, and not the slightest attempt was made by the Council then in the room, with Lord Brougham at their head, to defend those professors from the insolence they had been exposed to.

This reference to the late distinguished surgeon brought up Lord Neaves, who gave some recollections of Syme when they were at the High School together. The question was one day put by the master, What is the meaning of *puto*, a verb which in the ordinary sense means to "think"? Young Syme seemed to be the only boy in the class who knew that in its primary sense *puto* meant to "lop," and he illustrated the meaning by citing the derivative *amputo*, which might be supposed to indicate the bent of his mind, even at that early age, towards surgical pursuits.

ARMY MEDICAL SERVICE.

WE are informed that, from the applications which have been received, there will be an unusually large number of candidates for the competitive examination for the Army Medical Service in February. The greater the competition, the greater the credit of those who succeed in taking a high place. We understand that the present Director-General is desirous of encouraging the study of modern languages as much as possible, and, with that view, all candidates possessing a knowledge of French and German, and desirous of being examined in one or both of these, have been requested to intimate their desire to the authorities, and we are glad to say that many of the candidates have done so. This is a step in the right direction, and will tend to elevate the department and increase its usefulness.

THE CONTAGIOUS DISEASES ACTS.

THE announcement that the Government has appointed a Commission to inquire into the working of the Contagious Diseases Acts will be received with satisfaction by all moderate persons, both by those who believe in the good this legislation has effected, and those who fear that its influence is not altogether for the best. Of course the "shrieking sisterhood" will be content with nothing but absolute and immediate repeal; but even the most strenuous opponents of the Acts must allow that the members of the Commission have been selected with the greatest fairness, and that the question will be fully discussed, and the evidence for and against the Acts duly weighed.

Apropos of this subject, we think we may without prejudice venture to quote from a letter from a Naval Surgeon, in the last number of the *Army and Navy Gazette*, in which he urges the distribution of the ships now at Portland to the naval ports at which they were commissioned for Christmas, and in which the following passage occurs:—

"As a matter of expense to the country, it will be much cheaper to send us from Portland to naval ports. The Contagious Diseases Act is not in force in this neighbourhood, and the loss of service thus arising is in many ships very great. In our naval ports these Acts are so well worked that a diminution in the numbers on the sick list with enthetic disease might be predicated with certainty if we were stationed in them."

Comment is unnecessary.

THE MEDICAL STAFF OF THE NEW WORKHOUSE AT ISLINGTON.

WE hope that the Islington guardians will adopt the suggestion of the Poor-law Board to retain the services of Dr. Ede as visiting medical officer of the new workhouse, and give him a resident assistant. We have repeatedly pointed out the impropriety of placing these very large establishments under the exclusive charge of resident medical officers. Residence in a workhouse is not a very

attractive sort of life, and certainly not one to be adopted as a permanence by men of ability and skill. The guardians cannot hope to offer a salary which will attract any but young men anxious to acquire rather than dispense professional knowledge, or men who have failed in the ordinary walks of practice. It is therefore far better, both for the credit of the union and the benefit of the sick, that the guardians should retain the services of Dr. Ede. He has obtained their confidence, and his age, experience, and local reputation will afford a better guarantee that the work will be done properly than could possibly be got by appointing a younger man.

THE BOARDING OUT OF PAUPER CHILDREN.

IT is a real satisfaction to thank Mr. Goschen for the very excellent and complete series of regulations and instructions which accompany the order permitting the guardians to board out pauper children beyond the boundaries of their particular unions. We trust that no time will be lost in forming a metropolitan committee of ladies and gentlemen for carrying the system into effect. The matter is already being discussed by boards of guardians, and it would be a pity that this most admirable measure should be delayed for want of the voluntary co-operation which forms so new a feature in the administration of the Poor Law. The metropolitan committee will require to have numerous provincial members, but we believe that there are many ladies and gentlemen who are only waiting the formation of the central committee to offer their services and send in a list of fitting persons ready to receive children on the terms proposed.

THE INTERNATIONAL AID SOCIETY.

WE have had to pass some strictures on the organisation and arrangements of the above Society, and we have great pleasure, therefore, in recording the following:—The ambulance of the English National Society is now in active operation. The Orleans branch was of great service after the battle of Patay, and collected 200 wounded men off the field. The correspondent of the *Daily News*, writing from Amiens, speaks in strong terms of the neglectful way in which the rich and proud capital of Picardy had treated its wounded soldiers. It was, he says, the peasantry and Prussian soldiery who picked up the French wounded, and it was the English ambulance that supplied everything the French wanted—wine, food, medicine, and clothing. In one place at Amiens there were 37 badly wounded soldiers, in a bare cottage, their only relief being "a drop of water and less brandy" for two days. Medical aid was beaten up, and the English International Society provided all the necessary surgical instruments. Had it not been, he says, for the English Society's doctors—Leslie and Goodenough—who were for days the only gentlemen whose professional services were available, about 1000 poor wounded Frenchmen would have been left untended and uncared for. The Red Flag by all accounts, has been a good deal abused by a set of lazy, cowardly, or designing people, but we may forgive a good deal when we read the record of brave deeds like these in the work of humanity.

WHO IS RESPONSIBLE?

FOUR children in Wandsworth were found labouring under small-pox; the mother was consumptive, and the father in bed ill. The guardians refused to admit the children to the workhouse, and the Small-pox Hospital was full. If there were a real system of Poor-law inspection, we might ask, who was responsible? and we might hope to get an answer. But as it is, we suspect that no one could tell whether the case had been visited by the parish doctor, and with what result; whether he had ordered an attendant to be supplied by the relieving officer; whether he had recommended suitable food and necessaries; whether these orders had been complied with by the relieving officer; whether the relieving officer has reported the full particulars of the case to the guardians, and whether these latter gentlemen have ordered *adequate* relief. We suppose that if these duties had been properly performed there would have been no occasion to bring the case before a magistrate. It is, therefore, much more probable that the doctor went and looked at these children, and ordered a placebo, and possibly a little wine; that the relieving officer gave a loaf or two of bread; and that the case never came fairly before the guardians at all. Such, according to our own experience, is the general routine. But surely it is not too much to ask the State director of the Poor Law to improve the system.

PRACTICAL PHYSIOLOGY.

WE are happy to announce that we shall, in the first number of our ensuing volume, commence the publication of a course of lectures on Experimental Physiology, with illustrations, by Dr. Rutherford, F.R.S.E., Professor of Physiology in King's College, London. Dr. Rutherford's position as a physiologist, and the fact that he for some years assisted Professor Bennett, of Edinburgh, in carrying out a course of practical physiological instruction, afford the best evidence of the value of the forthcoming lectures, which will be of special interest at the present moment, when practical physiology is about to be taught in all our medical schools.

THE Metropolitan Asylums Board, on Saturday, the 3rd inst., appointed Dr. J. Brodrick Barbour to the post of resident medical officer of the Stockwell Fever Hospital. We took occasion a few weeks ago to urge Dr. Barbour's peculiar qualifications for this appointment, and we need not say that we record the success of his candidature with much satisfaction. We believe that Dr. Barbour had the unanimous support of the board.

WE understand that a project, originating with Sir Wm. Fergusson, is on foot to form a national collection of surgical instruments in connexion with the Museum of the College of Surgeons—such a collection as shall serve to illustrate, as far as possible, the progress of surgical art in our country, and the improvements made from time to time in surgical appliances and instruments, thereby incidentally furnishing exact data for various comparisons in the future touching questions of priority and the like.

THE *Western Morning News* stated the other day that scarlatina, which is very prevalent at Devonport just now, had found its way on board the training ship *Impregnable*, and had spread among the boys with great rapidity. The staff surgeon of the *Impregnable* has since written to say that the disease had disappeared from the ship, and that, so far from it having spread to any extent, only sixteen boys altogether had been attacked. None of the cases, he added, had been of a severe character.

THE suggestion has been made by a correspondent of the *North Wales Chronicle* that a "Hospital Sunday" should be instituted for the benefit of the Carnarvonshire and Anglesey Infirmary. It is pointed out that there are 1500 places of worship in the two counties, and that an average of only £1 each from these would add £1500 a year to the funds of the infirmary. We shall hope to hear that this suggestion has been carried into effect.

PROF. HUXLEY has been requested by the Liverpool Corporation to nominate a gentleman to inquire into the causes of the present unhealthiness of the town.

DR. BREWER, M.P., has been elected a member of the Metropolitan Board of Works for the district of St. George's, Hanover-square, in the room of Colonel Hogg.

ACCORDING to the *Bucks Herald*, a visit from one of the Privy Council inspectors appears to be wanted at Slough, where the drainage is said to be bad and the mortality great.

THE following Commissioners have been appointed for the Irish Census of 1871: Wm. Donnelly, Esq., Registrar-General; Sir Wm. Wilde, M.D.; and Geo. Abraham, Esq., LL.D.

THE Liverpool "Hospital Sunday" Committee have decided that, virtually, all the recognised medical charities in the borough shall participate in the collections to be made this year. A hundred and fifty clergymen and ministers have promised their co-operation.

AT the Royal Institution the usual Christmas lectures, adapted to a juvenile auditory, will be delivered this season by Professor Odling, M.B., F.R.S., on Dec. 27th, 29th, 31st, and Jan. 3rd, 5th, 7th; the subject being "On Burning and Unburning."

MR. JOHN PERRY, of Belfast, has been appointed to the head lectureship in Experimental Physics, Clifden College, Bristol. Mr. Perry lately obtained the Whitworth Scholarship for Ireland, and is a Gold Medalist of the Queen's University in Ireland. The emoluments of the post are about £300 per annum.

THE *Welshman* states that, for some unknown reason, the authorities of Llanelly desire to conceal the fact that small-pox and fever are prevalent in the town. Mr. J. Netten Radcliffe's report on the sanitary condition of the town appears not to have been followed, as yet, by any action on the part of the local board, although improvements are urgently called for.

DR. ILIFF, medical officer of health for Newington, has offered an excellent practical suggestion to his vestry, which is that they should utilise one or more of the numerous railway arches in that district for a mortuary, and for establishing a public disinfecting apparatus. Both these conveniences, rather we should say necessaries, ought to exist in every district.

A CORRESPONDENT of the *Western Morning News* calls attention to the bad sanitary condition of Camelford, in which town, he says, a low fever prevails to such an extent that nearly half the houses have had one or more inmates attacked. There is a suspicion that the town well is contaminated, which is more than likely if it be true that the drains of the town flow close to the well.

ACCORDING to the last reports, the general health of the troops in the Madras Presidency is considered very satisfactory. The 21st Regiment at Bangalore has much improved in health, owing to the men having shaken off the malarious fever contracted at Kurrachee. A large number of men have been invalided to England, and among the remainder there is a much diminished prevalence of relapses of ague. The wing of the 76th Regiment at Thayetmyo has quite recovered its wonted health, cholera, from which it had suffered severely, having completely disappeared from that station.

THE ST. ANDREWS MEDICAL GRADUATES' ASSOCIATION.

THE members of this Association met in session at the Freemasons' Tavern, on Friday and Saturday, the 2nd and 3rd inst. Dr. Richardson, F.R.S., the president, took the chair at 7 P.M. on the first day, when the business matter of the Association was first taken in hand. Several honorary members were elected, including the Rev. R. H. Baynes, Bishop designate of Madagascar; Professor Baynes, LL.D., Professor of Logic in the University of St. Andrews; and Mr. Menzies, M.A., St. Andrews University.

Dr. Ross gave notice of a motion "That the Council be requested to prepare a rule so as to enable the suspension of a rule to be effected when two-thirds of those present at any meeting so vote for it."

The meeting then proceeded to institute a new office, "President of Council," a post which Dr. Richardson was elected to fill on his retirement from the presidency of the Association.

The Treasurer's report was satisfactory. The Council's report stated that the number of members amounted to 506, besides 24 associates, and 38 honorary members. During the year death had carried off Dr. Uvedale West, Dr. Adamson, Dr. Eves, Dr. Armstrong (Armagh), Dr. Anderson (Glasgow), and Dr. Copland, F.R.S. The alteration proposed by the Association in the existing rule, and by which it is proposed to admit an unlimited number of candidates in each year to pass the degree of M.D., without residence, and subject to the passing of proper examinations, had been brought by the Assessor before the University Court, had been accepted by the Senatus Academicus, approved by the Chancellor, and now only awaited the sanction of her Majesty in Council to come into force as a new statute. The Council spoke of other matters in the report, and finally expressed great regret at the vacating of the presidential chair by Dr. Richardson, after his four years' tenure of office, eulogising his services in warm terms. The new officers were then elected as follows:—President: Dr. H. Day (Stafford). President of Council: Dr. Richardson, F.R.S. Vice-presidents: Dr. Black (Chesterfield), Drs. Crisp, Cholmeley, Lockhart Robertson, Seaton, and Wynn Williams. Council in place of those who had gone out of office: Dr. G. Bird, Dr. Brewer, M.P., Dr. Butler (Winchester), Drs. Cooke, Wharton Hood, L. Hanwell, Nicholls, Semple, and Stedman.

The PRESIDENT then called upon Dr. WHITMORE to read his paper on Sanitary Defects and Sanitary Needs of the Day, which went to show how far the various sanitary enactments now in operation have accomplished the object for which they were made, and what, in the present social and physical condition of the inhabitants of this metropolis, constitute our most important sanitary requirements. The author first passed in review the more recent sanitary enactments, pointing out their relationships, their bearings on sanitary matters, and their defects. He next gave statistics of deaths in London, and death-rates for the last thirty years, compiled evidently with the expenditure of very considerable trouble and time, showing that neither among the whole population nor amongst children is there any reduction, but rather an increase, of mortality; and this is specially evident in reference to the last ten years, the period in which sanitary reforms have been most actively carried out in all parts of London. Dr. Whitmore did not affirm that sanitary improvements had done nothing towards the saving of human life, and that it was a dead letter. He gave special reasons why the death-rates had not declined. In the last twenty years the population of London had increased from 2,373,000 to 3,170,000, without a corresponding increase in the superficial area occupied; hence poor districts had become over-populated, a state of things that would be linked with an increased death-rate. But sanitary improvements had prevented such increase—that is, without these, the death-rate would have been much higher. Dr. Whitmore then proceeded to give a very admirable sketch of what is required to be done to gain greater sanitary victories over disease. He dwelt especially upon the want of improved house accommodation for the

poor, of open spaces in London, of public dining-rooms for the labouring classes, where they can get cheap and nutritious food, of improved ventilation in workshops, and compulsory, instead of permissive, clauses in Sanitary Acts. Moreover, he urged the necessity for stringent enactments to prevent the present wholesale spread of infectious diseases, by compelling the isolation of infected persons to be observed, by compelling the medical attendant to notify the existence of infectious disease in a house at once to the local authority, who should be able to ensure proper disinfection, and prescribe proper rules to be observed by the household, and the like.

Dr. Whitmore's lucid paper was very well received, and many complimentary comments were made upon it by various speakers. We are only sorry our limited space prevents our giving its contents at greater length.

DR. RICHARDSON'S ADDRESS ON "THE FUTURE OF PHYSIC."

This address, of which the following is an abstract, was listened to with marked attention by a large audience, and elicited frequent marks of applause during its delivery. It was, perhaps, more poetic and telling than any of his former addresses. "Indulging," said Dr. RICHARDSON, "one day in a luxurious day-dream by the seaside, it came to me that it would be a pleasing and useful task to devote occasional hours to the construction of a history of the science of medicine of the Victorian era.....to write of the men who, moving actively amongst us at home and abroad, were worthy the pen of the honest historian.....to narrate the natural history of the diseases we see now around us in our daily tasks, that they who come after us may know with what we had to contend, and may compare our present practice with their own.....that they may measure faithfully the course and progress of curative art, from this epoch to theirs. So vividly did the scope and character of the work appear before me that, even to minuteness of its detail, the plan was fixed in my mind; and since then I have found the labour of carrying it out a natural and agreeable pursuit, the which, if I like to accomplish it, will perchance yield a work likely to live long when I am dead. As I have been writing on the past and present, a vista has often opened of the future of medicine, of the courses which medical science will take under the influence of changes of thought respecting the physical forces of the universe; of the new bases of the science, and of the perfections that will spring from them; of the greater knowledge of life and functions of life; and of the more certain modes of preventing and curing disease. Therefore I have been led to ask, what can we who now exist do for the future? What are we doing for it? Are we doing the best we can for it, or can we amend? In these contemplations I have founded the subject of the present discourse. At first sight the position of the present, from which we start, is neither assuring nor promising. A severe critic, with no intention of untruth, might say of us that we live and breathe in uncertainty; that, socially, we appear to dabble with questions of legislation without either teaching or influencing the legislator; that we appear to trust to Government protection for the right to apply our skill, and, instead of aiming to cast away the oppressive shield it loans to us at bitter interest, are ever wailing for the shield to be made stronger and heavier; that we appear to rise to practice on the paper wings of advertised emptiness, filling the sheet not with painful touch of scientific industry and unsparing fact, but with the egotism of belief that each of us has done what others have not done and cannot do, though they religiously strive to follow our lead; that, scientifically, we are incoherent and chaotic, and, like all chaoses, jarring, without reason; over proud of what we really do, and deaf to the demand that we must do more or be trusted less. .....Be it my duty to indicate a leaf or two of the day-book of our life that may be revised wisely, a leaf or two that may be torn out wisely, or elaborated before that book passes into that unknown where it is ours no longer, either to cast, tear up, revise, or preserve. If we begin with what may be torn up, we come to a heap of mouldy leaves, supposed to contain some hidden virtue for making us powerful and respectable, but chiefly powerful, in the world. They are docketed as papers between the profession and the State.....papers that have cost us more trouble and more money during the present century than all our scientific and practical work since we became a profession. For the purpose of cultivating these leaves, or preparing soil for them, great voluntary organisations have been instituted during the era, which bodies, in one way or another—in eating, drinking, travelling, speaking, organising, disorganising, quarreling, fraternising, writing, advertising, and printing—have, within her Majesty's reign, disgorged themselves of not less than one quarter of a million of her Majesty's portraits in sovereign gold. While another legal organisation, more compact, much more practical for itself, and much more determinate, has skilfully extracted by and for these same leaves some tens of thousands more. The leaves themselves have simply taken from us that patience of steady endeavour which trusts for the development of the most natural of sciences on the pure development of natural knowledge, and have produced amongst us separation of interests and galling unbrotherly bonds; they have drawn our men of genius for natural research from the noblest to the commonest work.....In suggesting the entire isolation of medicine from the trammels of bad legislation, I refer to the separation of science only. Present legislation leads to the existence and sustenance of rival boards, having rival powers and privileges, that induces us to make endless, wearing, and useless efforts to put down quacks by the power of law as against that of knowledge, and that fosters a stubborn belief in our security as a class, which crumbles to the dust whenever it comes in contact with the stern realities of life—with the sympathies, the fears, superstitions, and prejudices that make up the soul of human kind. For the future of physic, when we have a statesman born to us, he must be a statesman of the State, and not a statescraft man of our particular craft.....Of all professions and liberal callings, ours is the only one that has failed to produce a State Minister. .....It is so because such of our body as have had the qualities and opportunities have trickled away in the miserable gutter of medical legislation, instead of plunging into the great politics of the nation, and studying the national in preference to the professional welfare. In the future we shall have great statesmen. We had at one time, and for many a year, a man who was as naturally strong as Bismarck, clear-sighted and light-hearted as Palmerston, eloquent as Peel, industrious and bold as Cavour, and who, but for the professional trammels by which he was held down, and the almost mortal professional fights in which he engaged, might have rivalled any of those Ministers in fame—a man whose life I will depict in my history, be it only to show what human strength can do, and what ill-judged professional restraint can undo.....The political, however, is only an accidental source of our power; the real source lies in the steady improvement, development, and simplification of medicine as a science and art. A William Harvey—he whose figure, by our sculptor Durham, this year adorns the capitol of science of the capital of the nation—reformed medicine more than all the medical political preachers that ever lived; and this reference leads me to the leaves of our book that require, not excision, but revision. To begin with simple things, the first act required for the future of physic is the simplification of the language in which we professionally communicate with ourselves and the world.....Any man, or society of men, or council of many societies, that should set itself to work, in ever so small a way, to bring into use a simple and reasonable scientific language, would do a most important service to physic.....For the future of physic it is essential to revise our method of receiving and criticising what is brought to light as real or assumed novelty of knowledge. It is a marvel how physic is daily, and with infinite labour, rewritten; still more, how this is criticised. Now the popularity of the literary business, I cannot call it literary art, absorbs every man; and sedentary force, force developed *in situ*, is, as compared with force *in motu*, all-prevailing.....while criticisms have become mere impulses—bastards of love and hate, boldness and fear, adulation and objurgation, industry and ignorance, flux of generosity and flux of selfish conceit.....As a nation we have a national fatuity for ignoring the history of our own country, and we are the most unpatriotic historians on the face of the earth.....These errors of the Victorian age must be reformed resolutely. Giving due, and even handsome, credit to all fellow-workers wherever they may be, we must become, in England, just to ourselves. For the future of physic it is essential that some revision be made in the system of training our sons for the work of our profession.

.....I leave the subject with satisfaction here because of the prospect, clear in view, of two or three great central schools for physic in London, and one or two more in the provinces; with the prospect of professors vying with each other in celebrity, and living by their work; and with the further prospect of students from the remotest parts of the earth trooping to our Asclepian temples, where the light always burns with increasing lustre."

Dr. Richardson next proceeded to speak of the necessity of revising and extending our methods of medical observation by the light, for instance, of the laws of dialysis; of the need of an improved field of research in reference to the functions of the nervous system; the governing power of the sympathetic over the bloodvessels; the molecular changes in nervous structure; the directness of morbid impressions through the expanses of nerves; and of the primary origin of disease by instant change of nervous physical state, in accordance with the recent researches of Dr. Brown-Séquard. Speaking of curers and cures, Dr. Richardson observed:—

"The influence of race on vitality; the estimation of individual and natural life-values, on some more certain method than at the present time is known; the classification of disease geographically.....are matters demanding inquiry; and as regards the actual cure of disease, what is our prospect touching the task that, between the first natural appearance of the human living thing on the earth to its last natural appearance, it shall not die from unnatural causes, nor from natural causes that come within the governance of man? It is good. It is good because we are learning definitely not to lose trust in remedies for the reason that we cannot apply them at once with accurate judgment, but to believe in them as powerful means of cure that are yet to be accurately employed.....Because we are seizing certain agents, and are forcing them to tell us what they perform on the body, what is their physiological action, and what antagonism of action they offer to the phenomena of disease.....Because we are learning, in respect to remedies, that their physical action on the process of animal natural dialysis, or action in controlling or exciting nervous systems, may be learned by methods of physical research, that wait but to be tried to be proved as true to us as other physical inquirers."

"In the future of physic, as we advance in the directions I have tried to signalise, we shall stand firmer and fairer with the world. But our success shall not be perfect until yet another, and of all the mightiest, truth breaks upon us—namely, that the solemn and august secret of our power is, not in the amassment of wealth by our professional exertion,—not in the amassment of popularity by it—not even in the creation by it of that future fame and name in history which all men of noble instinct and noble nature would die to secure,—but in the accomplishment by it of one simple end, *the happiness of mankind*. In this accomplishment lies our own happiness, and with it all true and worthy power, all true and lasting glory. Meted out ever for this end, we require no other incentive for research, no other corrective for research, and no other protective against schismatic foes; nay, we require not even reward of gratitude, grateful though that may be when, spontaneously, it flows at our feet. It is a simple formula of living action this; but how potent! Is this professional desire, is this act, is this practice which we daily do, in desire, in act, in practice, is it for the happiness of the individual, of the race? Shall the conscientious answer be Yes? Then is the act strong, unassailable, and, though it even partake of error, holy. Shall the answer be No? Then is the act weak, easily controverted, bad. This is not moral axiom, it is scientific truth. To many in all time it hath been known, medicine hath lived upon the knowledge; to many it is known now, and medicine is sustained by the knowledge; but in the future *all* must know it; it must be the perennial force hidden in our hearts; our unspoken secret, worthless were it revealed. It must be the bond between ourselves, holding us as brethren in such subtle sympathy that envy shall be an instantly detected deformity, repulsive and retreating. It must be the bond between ourselves and the world, by which the world shall hold to us neither from wonder, nor admiration, nor other doubtful quality of recognition, but from confiding, habitual, abiding trust. Above all, it must be the fountain of our inspiration from the Lord of nature, whose whole scheme and design of creation, however strange it may seem, and to feeble sight devious, is ever toward and for the perfected happiness of His worlds of life."

THE DINNER.

The members of the Association, and some visitors, dined together after the delivery of the address. The chair was occupied by Dr. Richardson. Covers were laid for sixty. Amongst those present were: Admiral Sir E. Belcher, Dr. Lyon Playfair, M.P., Mr. Marmaduke Bell, Mr. Hepworth Dixon, Mr. Prideaux, Q.C., the President of the Medical Society of London (Mr. J. Gay), Dr. Day, of Stafford, Dr. Ramsay, Dr. G. Ross, Dr. O'Connor, Dr. Cleveland, Mr. Frank Richardson, Dr. Thomas Ballard, Dr. Julius Pollock, Dr. Rugg, Dr. Paul, Mr. Dunn, Dr. Hayward, Dr. Day, Dr. Seaton, Dr. Wynn Williams, Dr. Day-Goss, Dr. M'Intyre, Dr. Semple, Mr. Ibbetson, Dr. Wyman, Dr. Bloxam, Dr. Whiteman, Dr. Watson, Mr. Hepburn, Dr. Frank Griffiths, and Dr. Gardiner Hill.

After the usual loyal and other toasts had been duly honoured,

The PRESIDENT proposed "the Houses of Parliament," associating the toast with the name of Dr. Lyon Playfair, M.P.

Dr. LYON PLAYFAIR in responding, made the following remarks on various subjects connected with medical reform: The subject of medical reform was especially brought before the House of Commons last session. They were aware that the Government had a Bill which dealt with entrance examinations, but did not deal with the reform of the Medical Council. In consequence of this the opponents threw it out. He thought, and still thinks, that this was a mistaken policy. He got from the Government a pledge that if they took their Bill into discussion upon its merits, they would give a Select Committee this year to consider the reform of the Medical Council. Had they done so, the Government would have consented to modifications that would have rendered their Bill efficient, so that in this session they would have secured a second Bill for the reform of the Medical Council. As it is, the reform of that and of the standard for entrances is postponed *sine die*. For anyone who knows the difficulties surrounding such Bills must be convinced that it is impossible for a private member to carry any general Medical Bill through the House. The interests are too conflicting and too powerful to be battled with by anyone not possessing the power of a Government at his back. The Government hitherto have resisted popular representation on the Medical Council, because they view that body as representing the interests of the public at large, and not the interests of the profession. In one sense this is true, but it is not wholly true. If the Medical Council represented the interests of the public only, then the State should pay its expenses, which are considerable. But these are paid, not out of public money, but from a tax levied on entrants into the profession. The public interests ought to be fairly represented by Crown nominees, but surely the profession has a right to direct representation in a body supported by taxes on itself. This right appeared to him to be irresistible, and, he was sure, would have been conceded by a Select Committee. Another advantage would have resulted from this Committee, that it would have arranged the mode of election, so as to render it as little burdensome as possible to the candidates. The general medical constituency would be very large—about three times the constituency represented by himself in the Universities of Edinburgh and St. Andrews. But as experience has shown that such a limited constituency cannot have a contested election without an expenditure of one or two thousand pounds for each candidate, the possible expenditure of an appeal to the whole profession is very serious. It is no good saying that in practice it would not cost much, as a contest for a seat on such a board would not be carried on with the same spirit as for a seat in Parliament. So thought the candidates for the School Board this week, and yet there are few of them who have not spent as much, and some of them more than in a Parliamentary election. He was therefore very anxious that, in arranging the details of election to the Medical Council by a popular constituency, they should not cast an unexpected burden on the medical profession. A Select Committee might have obviated this. Whatever may be the reform of the Medical Council, it need not lose its present representative character of public bodies or of

public interests, though it may be strengthened by a direct representation of the profession. He hoped that the Government might still bring in a Bill this session for dealing with the entrance examinations. He fully approved of a one-portal entrance, but thought that the door should be big enough to let in big cats as well as little kittens, and not like the philosopher cut small openings beside already existing big openings. What he meant was this—let the scheme encourage the entrance, by the same door, of giants as well as dwarfs in learning. A single entrance examination must be a minimum examination, one below which no one can enter. But if it qualifies, as it should, for the full exercise of the profession, it will have a tendency to make men aim for a minimum, and neglect a maximum of qualifications. He thought the Universities were quite reasonable in trying to prevent this evil. Why, for example, should a Bachelor of Science, who has passed an examination four or five times higher than that which would be required in the fundamental sciences on the one-portal system, be required to pass another lower examination? Repeated examinations are becoming an intolerable evil in all our educational systems, and are deteriorating real qualifications. He thought that every security should be taken on the one-portal system that no one can pass through it under its minimum, but that encouragement should be given for the acceptance of a maximum in the fundamental sciences. In the clinical and practical parts of the profession he would make no exception, as that forms the State security that a medical man was fit to exercise his profession. He strongly counselled those who were interested in medical reforms of such importance as the reform of the Medical Council, and the establishment of a one-portal system, to come to some understanding with the Government on these subjects, as it was entirely hopeless to bring them to a successful issue through the agency of any private member, however great might be his personal influence.

The PRESIDENT next gave "Prosperity to our old University." The toast was drunk with three times three.

To the toast of "Literature," Mr. Hepworth Dixon responded.

The remaining toasts included the President and the President for the ensuing year (Dr. Day), the Council and Vice-President, and the Press.

A selection of vocal music was given by Mr. Brady (conductor), Mr. Rogan, Mr. Cooper, and Mr. E. Osborne, who presided at the pianoforte.

Correspondence.

"Audi alteram partem."

PROPAGATION OF SCARLET FEVER BY MILK.

To the Editor of THE LANCET.

SIR,—The question of the multiform ways by which the spread of scarlatina is effected is now engaging much attention. Having been the first who published the fact of the occasional propagation of infectious diseases by means of a vitiated milk-supply, and as due prominence has been lately given to that particular source of danger, would you please allow me to refer to my experience on this subject.

The possibility of milk acting as the vehicle for the dissemination of infectious virus first occurred to me during the investigation of the origin of an epidemic of continued fever in the autumn of 1857. In a paper which was published in the *Edinburgh Monthly Medical Journal*, May, 1858, entitled "On the Communication of the Infection of Fever by Ingesta," I related the history of the early cases of this epidemic, and entered very fully into the reasons for the conclusion I came to, that the milk-supply was concerned in its propagation. The facts are shortly these:—A number of cases of fever showed themselves in the town of Penrith in rapid succession in several houses in separate localities, at a time previous to which the town had been very clear of fever. The first case was clearly an imported one. A young girl was brought home about the beginning of September from Liverpool, ill with fever. She was taken direct to her father's cottage, small, ill-lighted, ill-ventilated, containing two rooms only. She passed through the fever there. In the same family and house, two children subsequently took fever and recovered. The mother waited on the sick. A byre adjoined the premises; the father kept two or three cows and retailed the milk to about fourteen different families in the town. The mother milked the cows; the milk was brought into the kitchen direct from the byre, and by-and-bye taken out in tin measures and pitchers for distribution to the customers. The sick children lay in the kitchen. The young girl first affected was, soon after her convalescence, employed in carrying out the milk into the town, although some of it was also delivered by the mother and one of the younger children. In tracing chronologically the spread of the epidemic, I found that cases of fever had appeared amongst children and young persons in seven houses in different parts of the town, which were all supplied with milk from this milkman's dairy, and that these houses, with one or two more, were the only houses in which fever existed at that period. The investigation of the circumstances preceding each particular seizure—the absence in all of direct exposure to or direct contact with the sick, and, in most, the absence of communication with the milk carried—the very transient nature of such intercourse in the exceptional cases in which it did occur,—led me to the inference that the milk itself had imbibed the poison, and induced the disease in those who drank it.

Snow had already determined, by a process supremely analytical, that cholera virus was carried into the system by drinking fluids; and Budd and others were engaged in exemplifying the causation of typhoid fever by the drinking of impure water. Ten years elapsed, and no other instance of a vitiated milk-supply producing evil consequences occurred to myself or others. But in the spring of 1867, in the same town in which I practise, by circumstances singularly fortuitous, I was impelled to note for a second time the propagation of the elements of contagion (I do not use the term "germs" until these have become a known quantity) by means of milk which had been exposed to poisonous emanations. This time it was scarlatina. It so happened that one of the first fatal cases of what afterwards proved to be a most extensive epidemic of scarlatina in Penrith, occurred in the house of a small dairyman who supplied about a dozen families with milk. In six of the households so supplied cases of scarlatina broke out in rapid succession amongst children and adolescents, consumers of milk, at a time before which the disease had not become rife in the town at large. The facts were observed with due care at the time, and noted, and were made the subject of a paper entitled "On the Transmission of the Virus of Fevers by Fluids," which I had the honour of reading at the Public Medicine section of the British Medical Association at Newcastle in August last. This paper will shortly be published.

It is specially gratifying to me that the recognition of these facts, important as they are in showing the transmission of contagium by ingesta, and curious in the history of the spread of epidemics, should have received corroboration by the set of observations so well worked out by Prof. Bell at St. Andrews, as related in a recent number of THE LANCET.

I am, Sir, your obedient servant,

Penrith, Nov. 17th, 1870. MICHAEL W. TAYLOR, M.D.

THE MEDICAL PROFESSION IN GLASGOW.

To the Editor of THE LANCET.

SIR,—Referring to the letters of your three correspondents in last week's issue, commenting upon my communication in THE LANCET of the 26th ult., permit me to repeat that I correctly indicated the feelings of the great bulk of the members of the Medico-Chirurgical Society respecting Dr. Black's paper.

In corroboration of this, it appears to me only necessary to state that, at a crowded meeting of the Society, held on the 2nd December, the minutes of the Council of the Society unanimously approving of my action were cordially adopted by the Society, with only nine dissenting votes.

I deem it unnecessary to take further notice of the letters

of your correspondents, as the approval of my action by the Society will now enable parties at a distance to estimate the charges made against me at their proper value.

Concerning the report of the proceedings to which Dr. Black refers as contained in a publication called the *Glasgow Medical Examiner*, I have little doubt it correctly represents *that selected portion* of the comments of the various speakers which was complimentary or tolerant of Dr. Black's maiden essay before the Society.

I am, Sir, your obedient servant,

ROBERT PERRY, M.D.

Great Western-road, Glasgow, Dec. 5th, 1870.

To the Editor of THE LANCET.

SIR,—As my name has been introduced into the unfortunate *fracas* which has occurred in the Medico-Chirurgical Society here, allow me to express in your columns what I strongly stated to the meeting at which Dr. Black's paper was read; that while some of its strictures were aimed at real abuses—abuses, however, existing in the profession as practised in all large towns—especially the number of special dispensaries, in all other respects it exhibited the profession in Glasgow in a very false light. I feel certain that had it been suspected by the Society that the extravagant utterances of so junior a member could have been considered worthy of publication under any professional patronage, and by *any mischance* could have been taken by persons at a distance as giving a fair representation of the profession in Glasgow, instead of the amount of toleration which the essay received, it would have been even more emphatically condemned than it was.

The circumstance of one of your correspondents professing to give a summary of my remarks is my sole reason for troubling you with any communication on the subject.

I am, Sir, your obedient servant,

Glasgow, Dec. 6th, 1870. J. G. FLEMING.

To the Editor of THE LANCET.

SIR,—Be kind enough to allow me a small space in your valuable journal to say that, as a member of the Glasgow Medico-Chirurgical Society, and one who has had upwards of twenty years' experience in the profession, I, along with many others, sympathise very sincerely with Dr. Black in his bold and manly endeavour to expose the manifold grievances that have crept into the profession here.

We are decidedly of opinion that Dr. Black has not, in his excellent paper, overdrawn the state of matters here, and are painfully impressed with its truths.

I believe Dr. Black, in bringing this disagreeable subject before the profession, was guided by the highest motives for its welfare; and I am of opinion that there are only too few here who have the self-denying courage and ability to act as he has done. And I trust the action he has taken in this direction is but the beginning of a determined hostile attitude by every honourable member of the profession against even the semblance of charlatanism amongst its members.

I am, Sir, yours respectfully,

J. B. HISLOP, F.R.C.S.E. & L.F.P.S.G.

York-street, Glasgow, Dec. 5th, 1870.

THE LANCET MEDICAL ACT AMENDMENT BILL.

To the Editor of THE LANCET.

SIR,—Agreeing thoroughly with the main principles involved in the Medical Bill proposed by THE LANCET, I nevertheless venture to suggest for consideration the possibility of making one or two alterations without which the fate of that measure would be, I think, made needlessly precarious.

In the first place, as to the possible, indeed very probable necessity, if Parliament is to be at all conciliated, that some power of controlling the regulations and acts of the General Council must be left to the Crown, or to Parliament. Now, to the manner in which this very power was proposed to be established by the Government Bill of last year, I, in common with a large majority of the profession, strongly objected; but my objections were based on different grounds from those which were chiefly urged in public. Personally I can see no objection whatever (except one of mere detail), to such a power being reserved to the Crown; and I even venture to think that, in the abstract, it is the right thing, and that, so far from degrading the profession, it would give to its affairs an immediate connexion with the State, which could not fail to elevate the condition of us all, in the only way in which elevation is desirable. What thoroughly alarmed me in the prospect held out by the Government Bill was, that this power was to be held by a very strong Government department over the head of so weak, divided, and interested a body as the present General Council, which it was proposed to leave unchanged. There can be little doubt what would have happened: human patience has its limits, and the idle babbling and brawling of our medical "Parliament" (save the mark!) must have quickly provoked the strong-handed interference of the State. We should then have had the spectacle, so ruinous to the prestige of our leaders and of the profession generally, of repeated and mortifying rebuffs administered to our highest medical functionaries, on the score of their evident incapacity to do the business entrusted to their hands. It might, and I believe it would, be far otherwise if the necessary power were to be held by the Crown over the acts of a reformed and really efficient Medical Council, such as THE LANCET Bill proposes to establish. Lord De Grey, for instance, would think twice before incurring the odium of obstructing the acts of a Council in which the body of the profession—properly represented therein—felt confidence. In short, while I think that, on abstract grounds, the State has a right to this power, in the interests of the general public, it seems to me that the danger of its being used oppressively would be practically *nil* in the event of our possessing a strong and *disinterestedly* active General Council.

One more small matter and I have done. I would strongly recommend the insertion of a distinct proviso against the General Council electing either examiners or inspectors of examination out of their own body.

I am, Sir, your obedient servant,

London, Dec. 7th, 1870. OBSERVER.

To the Editor of THE LANCET.

SIR,—I highly approve of this Bill. If Clause 29 could be made plainer, it would put down quackery. The unqualified in this county do not use any of the titles, they call themselves "Mr." Should they write a certificate, they say "successor," or "assistant" to some qualified person at a distance. If the words "or who shall" were inserted in Clause 29, after the "principal Act," all doubt would be at an end. That is, all persons practising for gain, whether they use titles or not, shall be liable to the penalty if not registered.

The profession ought to be deeply indebted to you for this Bill.—I am, Sir, yours faithfully,

JONATHAN WYBRANTS, M.D.,

Nov. 30th, 1870. Coroner for Somerset.

EDINBURGH.

(FROM OUR OWN CORRESPONDENT.)

I WOULD not have referred to the late disturbances at the College of Surgeons, were it not to express my belief that the accounts which appeared in the daily papers were exaggerated. That a manifestation of feeling had occurred is to be regretted, and is not to be denied; but Miss Blake's letter, to which you refer, clears the majority of the class from taking part in it; and there is reason to conclude that the medical students receive all the discredit, whilst others took part in the disturbance. It is remarkable that only three were apprehended; and I am informed that one of these was taking no active part in the riot, but was a passive spectator, until seeing his friend in the hands of the police, he stepped forward with the intention of offering himself as surety for him, and was forthwith regarded as *particeps criminis*. Such is the story I have heard.

The sale of Sir James Simpson's miscellaneous books commenced yesterday. There are upwards of 1000 entered in the catalogue. They are of a very mixed kind, but seem to be exciting active competition. The sale will last four days. *Apropos* to this sale, I observe an advertisement from the executors of the late Sir James, stating they are making arrangements for the preparation of his biography, and wish interesting letters from him, or information regarding him, to be forwarded to them. Of course the documents are to be acknowledged, preserved, and returned. I understand that it is not yet decided into whose hands the executors will place these materials for his life, but I have heard one name spoken of, but until I learn that it is undoubted I delay mentioning it.

The Royal Society held its first ordinary meeting for the session 1870-71 on Monday evening. There was a good attendance, and the chair was filled by Dr. David Milne Home, one of the Vice-presidents, who delivered the inaugural address. From this it appears the Society held thirteen meetings last winter, at which forty-three papers were read by thirty-three persons. Of the forty-three papers, five were literary, and thirty-eight on matters of physical science. He alluded to the co-operation of the Society with other bodies in inviting the British Association to hold their next meeting here; also that the Council had made an application to Government for assistance to endow the Chair of Geology in the University, and that they had agreed to pay £200 a year, which, with Sir R. Murchison's gift of £6000, would give a fixed income for the Chair of £450 a year. Dr. Home also gave biographical sketches of the members who had died during the year—namely, Dr. Adam Hunter, Lord Barcople, Mr. R. Nasmyth, Sir James Y. Simpson, and Professor Syme. Four of those were members of our profession. Professor Christison, in reference to the notice of Sir James Simpson, gave some interesting observations as to the nearness to which Sir W. Lawrence came to the discovery of the anæsthetic use of chloroform.

At the annual meeting of the College of Physicians on Thursday last, Dr. Halliday Douglas was re-elected President.

In the twelfth line of my last letter, for "professional claims" read "professorial chairs."

Edinburgh, Dec. 7th, 1870.

Obituary.

ROBERT TAYLOR, L.S.A.

(OF CHORLEY, LANCASHIRE.)

THIS gentleman died on the 28th November, aged fifty-eight. He is universally regretted by all classes of inhabitants in the town and neighbourhood. He had most unassuming manners and a kindliness of heart towards the poor, who have lost a warm benefactor. His hand was always open to relieve them, and he never turned a beggar away from his door unrelieved. His father was a clergyman of the Established Church, and left him a legacy to be always good to the poor and needy, which he faithfully and cheerfully carried out through life. He was universally loved by all in his profession, and ever willing to assist a brother practitioner.

On April 12th, 1869, he was presented by the largest lodge of Odd Fellows in Chorley, consisting of many hundreds of members, with a very handsome timepiece and a suitable engraving upon it, together with a flattering address engrossed on vellum and framed, for his services as medical officer to them for the past twenty-five years. He had a large practice, and the writer, who attended him in his last illness, and now visits his patients, found nothing but tears of regret at the loss of one who was so kind and affectionate an adviser and friend to all.

DR. LUMLEY EARLE.

(OF BIRMINGHAM.)

IN the person of this rising young physician the medical profession in the Midlands has lost a promising member, and an accomplished cultivator of obstetric science. In the literature of his department Dr. Earle was well known, and his inventive talents were marked by the production of many ingenious mechanisms. As a practitioner, he was cautious, careful, and ready in expedients, but somewhat deficient in that self-confidence which is the primary quality necessary in one who seeks consulting practice.

His end was due to one of those mysterious attacks of phthisis ab hæmoptoe, which ran its rapid course in three weeks. His gentlemanly and courteous bearing rendered him a great favourite in general society, and by his professional brethren he was much esteemed.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON. — On the 6th inst. the following gentleman passed the first professional examination:—

Moore, John Bartholomew Giles Gidley, St. George's Hospital.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the required examinations for the Fellowship on Nov. 23rd, 24th, and 25th, were, at a meeting of the Council on Dec. 8th, duly admitted Fellows of the College:—

Dalby, William Bartlett, M.B. Cantab., Sackville-street; diploma of membership dated May, 1867.
Mauby, Frederic Edw., L.S.A., King-street, Wolverhampton; Jan. 1866.
Nettleship, Edward, L.S.A., Finsbury-pavement; Nov. 1868.
Rouch, Jas. Ryall, L.R.C.P. Lond., Norfolk-street, Strand; May, 1868.
Roy, Gopaul Chunder, L.M. & S. Calcutta, Calcutta; May, 1870.
Stanger, William, L.S.A., Nottingham; Jan. 1867.
Wrench, Edw. Mason, L.S.A., Baslow, near Chesterfield; July, 1854.

At the same meeting of the Council the following Members were admitted Fellows of the College by election:—

Marshall, Peter, L.S.A., Bedford-square; diploma of membership dated March, 1828.
Mayer, J. Emilius, H.M. Indian Army; Jan. 1833.

At a meeting of the Board of Examiners on Dec. 7th, the following Members of the College, having passed the necessary examination, were admitted Licentiates in Midwifery:

Huggins, Samuel Tillcott, Banbury, Oxon.; diploma of membership dated Nov. 1870.
Robinson, John Desborough, Syston, Leicestershire; July, 1870.
White, Barrington Syer, L.S.A., Lavenham, Suffolk; Nov. 1870.

UNIVERSITY OF LONDON. — The following is a list of the candidates who have passed the recent examination for the degree of M.D.:—

Allen, Bryan Holme, University College.
*Baxter, Evan Buchanan, King's College.
De Liefde, John, Guy's Hospital.
Dessé, Ethelrid, University College.
Gowers, William Richard (Gold Medal), University College.
Grimes, John, B.Sc., King's College.
Hooper, John Harward, M.S., St. Thomas's Hospital.
Parsons, Henry Franklin, St. Mary's Hospital.
Rayner, Edwin, B.A., University College and Paris.
*Roberts, Frederick Thomas, B.Sc., University College.
*Taylor, Frederick, Guy's Hospital.

(LOGIC AND MORAL PHILOSOPHY ONLY.)

Haynes, Frederic Harry, St. Bartholomew's Hospital.
Snow, Herbert Lumley, Queen's Coll. Birmingham, and Univ. College.
Tayler, George Christopher, St. Bartholomew's Hospital.

* Obtained the number of marks qualifying for the Medal.

Also, the following candidates have passed the recent B.S. examination (first division):—

Carter, Charles Henry, B.A., University College.
Parker, Rushton, University College.
Stocker, James Reginald, Guy's Hospital.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Dec. 1st:—

Claridge, William, Brook-street.
Duke, Bernard, Little Hampton.
Newton, Charles John, Alcombury-hill.
Smith, Samuel, Clifton, Bristol.

The following gentlemen also on the same day passed their first professional examination:—

Geo. Edw. Power and Harry Marmaduke Langdale, Guy's Hospital.

WE are informed that the appointment of a successor to Dr. Matthiessen in the Chemical chair at St. Bartholomew's Hospital will be made next Tuesday.

THE next dinner of the Medical Club will take place on Tuesday, December 20th, when Dr. Lory Marsh will preside.

WESTMINSTER HOSPITAL MEDICAL SCHOOL.—Dr. Basham having resigned the lectureship in Medicine, after a term of office of twenty-two years, Dr. Anstie has been elected to that chair. The lectureship in Materia Medica which Dr. Anstie vacates, will be filled by Dr. Sturges. Dr. J. E. Lee, of Caius College, Cambridge, will be the new lecturer in Forensic Medicine in place of Dr. Sturges.

PATHOLOGICAL SOCIETY OF DUBLIN.—The essay for the ensuing year for students attending the meetings of this Society will be "On Affections of the Vertebral Column, and Injuries to the Spine." A gold medal will be awarded at the termination of the session to the successful competitor.

ON the occasion of Dr. Robert Jolly's resigning the office of resident surgeon to Queen's Hospital, Birmingham, which he had held for five years, the students connected with that institution, being desirous of recording their high appreciation of his services and uniform kindness, presented him with a handsome testimonial and an address.

DR PARRY, of Ballymeanoch, has been presented with an address and a purse of sovereigns by his patients, friends, and neighbours, in token of their regard for him on his leaving the neighbourhood through ill health, after successfully practising in it for more than twenty-eight years.

THE corner-stone of the Church of St. Thomas-in-the-Moor, Birmingham, about to be erected to the memory of the late eminent surgeon, Mr. Edward T. Cox, of Birmingham, was laid last week by Mrs. Sands Cox, of Dosthill-hall, Tamworth. The building will accommodate upwards of 400 persons.

THE GERMAN SURGEONS AT ORLEANS.—The Bavarian surgeons, and their hospital attendants, who had remained at Orleans after the town had been retaken by the French, were declared prisoners of war. They have, however, been released, and are to return to their country through Switzerland; but the sanitary *matériel* belonging to them has been confiscated.

IN 1866 several of the public establishments connected with watering places in Germany were turned into hospitals. The same transformation is beginning in France, Vichy being the first in the probable series.

THE UNIVERSITY OF BONN.—Several professors of the medical faculty are attending the sick in France, and the number of students, owing to the war, is small compared with former years. Dr. Busch and Dr. Rindfleisch have obtained the iron cross.

LORD SHAFTESBURY, after a visit to the sick and wounded at Heidelberg, says that "the care taken of the poor fellows was beautiful to behold. The *entente cordiale* is in great force between the French and Germans, who are as cheerful as the day is long."

THE post of superintendent of the great hospital of the Santo Spirito, at Rome, has been taken out of the hands of Monsignor Ricci and confided to those of Dr. Pantaleone. The latter gentleman has for some years been a political exile, and his return to Rome is welcomed by all, particularly the English residents, whose esteem he used to command for his professional ability in general, and his skilful treatment of the local fevers in particular.

BENGAL MEDICAL RETIRING FUND.—The successful applicants for the annuities of 1870, granted by this Society, are Drs. Murray, Mouat, Craddock, Clifford, Morrison, and Tucker, of the effective list, and Dr. Atkinson of the retired list.

APOTHECARY-GENERAL FOR IRELAND.—At a meeting last week of the guardians of the North Dublin Union, in reference to the above proposed appointment, which has caused universal dissatisfaction among the different Unions throughout Ireland, the following resolution was adopted: "That we, the guardians of the North Dublin Union, again remonstrate against the sealed order of the Commissioners in reference to the supply of medicines, as calculated to increase the rates without having the effect of procuring for us purer medicines; and we are of opinion that if any change is made in the present system, it should be by the appointment of a distinguished chemist."

PROFESSOR SKODA.—This eminent obstetrician has resigned his chair, as his health has been somewhat failing of late. The professor is sixty-five years old. Dr. Löbel is mentioned as his successor.

INCREASE OF MEDICAL SALARIES.—At a late meeting of the Committee of Management of the Dummanway Dispensary District, it was proposed and carried that the salary of Dr. Holmes be increased from £90 to £100 per annum. The Mullingar Board of Guardians have also increased the salaries of their medical officers by £10 each yearly.

Medical Appointments.

ADAMS, E. J., M.R.C.S., L.S.A., L.M., late Resident Medical Officer to St. Matthew's Workhouse Infirmary, Bethnal-green, has been promoted to the post of Head Medical Officer, vice J. Smart, F.R.C.S.E., resigned.

BARBOUR, J. B., M.D., L.R.C.S.Ed., formerly Resident Medical Officer at the London Fever Hospital, has been appointed Resident Medical Officer at the Stockwell Fever Hospital.

BLOXAM, Professor, has been elected Professor of Chemistry at King's College, London, vice Dr. W. A. Miller, deceased.

BRITTON, W. S., M.R.C.S.E., has been appointed Medical Officer for St. John's District of the Parish of Marylebone, vice J. Moulton Dunne, L.K.Q.C.P.I., M.R.C.S.E., deceased.

DEBUS, Dr., F.R.S., has been appointed Examiner in Chemistry at the University of London, vice Dr. Matthiessen, F.R.S., deceased.

GOSS, T. B., M.R.C.S., L.S.A., has been appointed Medical Officer to H.M.'s Post-office, Bath.

GORDON, Mr. J., has been appointed House-Surgeon to Gray's Hospital, Elgin, vice C. Adam, M.B., C.M., resigned.

GREEN, Mr. J., has been appointed House-Surgeon to the Ophthalmic Wards of the Royal Infirmary, Edinburgh.

HARDING, T. H. G., L.D.S.R.C.S.E., has been appointed Dental Surgeon to the Dental Hospital of London, Soho-square, vice Rogers, resigned.

HUGHES, R., F.R.C.S.E., has been appointed Consulting Surgeon to the Staffordshire General Infirmary, Stafford, on resigning as Surgeon.

JOLLY, R., F.R.C.S.Ed., has been appointed a Surgeon to the General Hospital, Birmingham.

LOMAX, H. T., M.R.C.S.E., has been elected a Surgeon to the Staffordshire General Infirmary, Stafford, vice R. Hughes, F.R.C.S.E., resigned.

LUMB, R., M.R.C.S.E., has been appointed Medical Attendant to the Constabulary, Whitehaven, and Surgeon for the Howgill Division of the Whitehaven Collieries, vice J. B. Wilson, F.R.C.S.E., deceased.

M'CANN, C., M.R.C.S.E., formerly House-Surgeon to Westminster Hospital, has been appointed Resident Medical Officer to the Stockwell Small-pox Hospital.

NOTTAGE, J. B., M.R.C.S.E., has been appointed Medical Officer for District No. 4 and the Workhouse of the Lunesdale Union, Lancashire.

O'REILLY, R., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Ballyduff Dispensary District of the Lismore Union, Co. Waterford, vice T. O'Neill, M.D., deceased.

OWEN, O. E., L.R.C.P.Ed., has been appointed Medical Officer for the Llanidan District of the Carnarvon Union.

PINDER, G. H., M.R.C.S.E., has been appointed Senior House-Surgeon to the Ardwick and Ancoats Dispensary, Manchester, vice R. P. O'Gorman, L.K.Q.C.P.I., L.R.C.S.I., resigned.

RICKARDS, E., B.A., F.R.C.S.E., late House-Surgeon at University College Hospital, has been appointed Resident Registrar and Pathologist at the General Hospital, Birmingham.

ROSS, J., M.D., has been appointed Medical Officer to the Elgin District Lunatic Asylum, vice C. Adam, M.B., C.M., resigned.

SPANTON, W. D., M.R.C.S.E., has been appointed Surgeon to the new Borough Police Force, Hanley.

STEVEN, Mr., has been appointed Dental House-Surgeon to the Dental Hospital of London, vice Mr. Milward Harding, resigned.

TURNER, H. G., M.R.C.S.E., has been appointed House-Surgeon to the Brighton and Hove Dispensary, vice L. C. Badcock, M.D., M.R.C.S.E., resigned.

WADE, W. S., L.R.C.P.Ed., L.F.P. & S.Glas., has been appointed Medical Officer for the Sandal Magna, Walton, and Chevet Districts of the Wakefield Union.

WAY, J. P., M.R.C.S.E., has been appointed Medical Officer for the Landport District of the Portsea Island Union, vice A. B. Miller, L.R.C.P.Ed., F.R.C.S.Ed., resigned.

Births, Marriages, and Deaths.

BIRTHS.

HILL.—On the 30th ult., at Dock-street, Newport, Monmouthshire, the wife of Philip Edward Hill, M.R.C.S.E., L.S.A., of a daughter.

HOADLEY.—On the 6th inst., at Lansdowne Villas, Lillie-road, Fulham, S.W., the wife of Robert Hoadley, M.D., M.R.C.S.E., of a daughter.

KIRKPATRICK.—On the 29th ult., at Rutland-square, Dublin, the wife of J. Rutherford Kirkpatrick, M.B., of a daughter.

OWEN.—On the 2nd inst., at Sussex-terrace, Southsea, Hants, the wife of A. Lloyd Owen, B.A., M.B., of a daughter.

REYNOLDS.—On the 24th ult., at Lawes-street, Pembroke-dock, the wife of Dr. Howard D. Reynolds, of a daughter.

STEVENS.—On the 5th inst., at Stoke Newington-green, the wife of Geo. J. B. Stevens, L.R.C.P.L., of a son.

TRAVERS.—On the 5th inst., at Kensington, the wife of Dr. Travers, F.R.C.S., of a daughter.

TYLECOTE.—On the 5th inst., at Sandon, Staffordshire, the wife of John Horton Tylecote, M.D., of a son.

MARRIAGES.

FAGGE—WATSON.—On the 30th ult., Herbert Wm. Fagge, Esq., of Lutterworth, youngest son of Chas. Fagge, Esq., of Hythe, to Alice, youngest daughter of the late Thos. Watson, Esq., of Bitteswell, in the County of Leicester.

FRASER—GILCHRIST.—On the 6th of Oct., at St. Mark's, Darling Point, Sydney, Colin Alex. Fraser, Esq., Member of the Legislative Assembly, N.S.W., son of the late Rev. Hugh Fraser, of Ardchattan, and nephew of the late Sir Duncan Campbell, Bart., of Barcaldine, to Helen Clementina, eldest daughter of the late John Gilchrist, Esq., formerly of Sydney, and lately of Porchester-terrace, London.

DEATHS.

ANDREWS.—On the 28th ult., J. Andrews, M.R.C.S.E., of Salisbury, aged 64.

BRYANT.—On the 4th inst., at Somerset-street, Portman-square, Wm. Hicks Bryant, M.R.C.S.E., son of the late Richard Jennings Bryant, Esq., of Gascoyne-place, Plymouth, aged 30.

COLMER.—On the 27th ult., at Yoxvil, Susan, the wife of P. S. H. Colmer, L.R.C.P.Ed., &c.

DAVIES.—On the 21st ult., T. Davies, M.R.C.S.E., of Snettisham, Norfolk.

RUFFE.—On the 27th ult., at Bingley, Yorkshire, Richard Edwin Ruffe, Esq., Surgeon, in his 34th year.

SAUNDERSON.—At Edenderry, Wm. Henry Saunderson, M.A., M.D., Staff Assistant-Surgeon, aged 26.

WALKER.—On the 18th of Sept., at Sydney, N.S.W., George Walker, M.D., late of Hurworth-on-Tees, Co. Durham, aged 39.

WEBB.—On the 6th inst., at Lower Belgrave-street, Eaton-square (after four days' illness), Alicia, the beloved wife of Dr. J. Craske Webb.

WOOD.—On the 4th inst. (after a few days' illness), Wm. Wood, M.R.C.S., L.S.A., of Trinity-square and Union-street, Borough.

Medical Diary of the Week.

Monday, Dec. 12.

ST. MARK'S HOSPITAL.—Operations, 2 P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. Mr. Spencer Watson: "A Case of Ectropium treated by Plastic Operation."—Mr. W. F. Teevan: "Practical Remarks on Stone, with an Analysis of 24 Cases."

Tuesday, Dec. 13.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ETHNOLOGICAL SOCIETY OF LONDON.—8 P.M. Sir John Lubbock, Bart., "On Stone Implements from Africa."—Mr. Edgar Layard, "On Stone Implements from the Cape of Good Hope."—Mr. Spence Bate: "Second Report on the Prehistoric Monuments of Dartmoor."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Mr. W. Sedgwick, "On Temporary Glycosuria as a Sequel of Cholera."

Wednesday, Dec. 14.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
HUNTERIAN SOCIETY.—7½ P.M. Meeting of Council.—8 P.M. Adjourned Discussion on Mr. Hovell's paper on "Hysteria."—Dr. Phillips: "Cases of Puerperal Convulsions, with Remarks on Treatment."
ROYAL MICROSCOPICAL SOCIETY.—8 P.M. Mr. B. T. Lowne, "On the Anatomy of Ascaris Lumbricoides."—Dr. Maddock: "Observations on the Aëroscope."
EPIDEMIOLOGICAL SOCIETY.—8 P.M. Dr. Christie, of Zanzibar, "On Cholera in East Africa."

Thursday, Dec. 15.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 12; other Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
HARVEIAN SOCIETY OF LONDON.—8 P.M. Mr. Fairlie Clarke, "On Surgical Dressings."

Friday, Dec. 16.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, Dec. 17.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

FRENCH SURGEONS ON THE SURGERY OF THE WAR.

THE number of correspondents with the various belligerent armies belonging to the daily, weekly, and monthly journals of this country and America is so great, and the keenness with which they seek for news so marked, that the readers of newspapers are constantly meeting with subjects having a distinctly professional bearing, and one quite apart from the ordinary incidents of warfare. Nay, it is, we find, not at all uncommon for medical men possessed of any spare time to forward accounts of their work, with some slight technical modifications, to the daily and medical journals at the same time, when they commonly only appear in the former. When the medical and surgical history of this war comes to be written, we earnestly hope that there will be a greater degree of precision shown in the record of the facts than at present, otherwise very few practical lessons will be learned. The *Pall Mall Gazette* contained an interesting notice of the Report of Drs. Goujon and Félizet, who were engaged in the temporary hospital at Metz, on the Surgery of the War. They are of opinion that the effects of the different Prussian arms are not so murderous as they are generally supposed to be; but that the frequency and severity of certain wounds result from the unfavourable positions assumed by the men at the instigation of their leaders. The Prussians usually employ the triangular-shaped bayonet, the wounds from which are said to be less severe than those inflicted by the sword-bayonet used by the French infantry. Sword wounds, being generally superficial, soon healed, and were not dangerous. Shell wounds appear to have been remarkably frequent, due probably to the great part played by the Prussian artillery. Drs. Goujon and Félizet calculate that on an average there were 70 shell wounds for 30 bullet wounds, and they remark upon the large number of wounds of the back, or where the shoulder joins the neck. The frequency of shell wounds in this situation was attributable to the French troops having, at Gravelotte for example, thrown themselves on their faces by command of their officers; whereas when the troops charged under a heavy fire, at nearly the same distances from the enemy, they suffered less from shell, and more from bullet wounds. Wounds from shells heal well. When the skeleton is involved, they are, of course, more serious; but not more so than fractures complicated with flesh wounds. Thus in the temporary hospital at Metz, where the sick had been for nearly two months deprived of salt, condemned to horseflesh, rationed as to bread, deprived of brandy and quinine, and subject to terrible moral depression, there were many cures from shell wounds. The Prussian ball is larger than the chassepôt, and its size renders extraction comparatively easy. It often penetrates but a little way, and hence is easily discovered. Gunshot wounds of the chest are not so serious as might be supposed. Of 13 such cases, 9 were said to have been cured in a space of time varying from fifteen days to two months. Wounds from the chassepôt are described as serious; the exit opening being large, and the bones, when struck, being much comminuted and splintered. The chassepôt ball penetrates deeply, and from this and its small size it is difficult of extraction.

Dr. Curran, (Dublin,) and *A Subscriber*, (Queenstown.)—Our correspondents are entirely in error. It is customary in these kingdoms to speak of the Church of Rome as a means of distinguishing its members from those of the Church of England, who also claim Catholicity.

Mr. Henry Tyrrell's (Dublin) paper shall receive early publication.

SUPPLY OF INSTRUMENTS TO POOR-LAW MEDICAL OFFICERS.

To the Editor of THE LANCET.

SIR,—The following hint may be of value to workhouse medical officers, if you think well to give it insertion in your journal.

Four months since I made application to the guardians of the Amersham Union for a case of catheters, to be provided by them, and kept at the union infirmary for the sole use of the house. This was at first refused me, on the plea that I was bound by my contract to find all appliances; but on my again representing that I could not be supposed to keep such instruments of my own on the premises, that I had often felt great need of them, and that in my absence a brother practitioner had been put to much inconvenience in a case of emergency, the guardians at once acceded to my request. I may also mention that a magneto-electric machine was provided at the same time, at my request, for the use of the infirmary patients.

I do not know whether my brother workhouse medical officers are as fortunate as myself in having some of their appliances obtained for them in spite of their contracts; but, if not, I think it might be well for them to push the matter with their several Boards when a necessity arises for the special and frequent use of some one or other instrument. My own opinion is that the Poor-law Board would, if appealed to, require these articles to be furnished by the guardians. If the medical officers' recommendations were, on all occasions, placed in their medical report books, where it must be sure to come under the eye of the Poor-law inspector, he would, in case of refusal by the guardians, certainly require the master of the workhouse to obtain them without further delay.

This subject of supply impresses me with its great importance, as being closely allied with that other necessary item of drug supply. Both should be insisted on in the demands which are about to be made by the Poor-law medical officers and other kindred reform associations.

I am, Sir, truly yours,

Amersham, Nov. 22nd, 1870. WM. PROWER.

COMPTON HOUSE, LIVERPOOL.

COMPTON HOUSE is probably the best arranged as well as the largest outfitting establishment in Liverpool. Everything may be purchased there, from a bit of calico to the richest Lyons silk, from the commonest earthenware to the most artistic Parian, from a sailor's suit to a Court dress, from a tin-tack to a suite of drawing-room furniture. But we should not have troubled ourselves with Compton House on this account. It has attracted our notice as being a model of sanitary arrangement. The various departments occupy five square halls, surrounded by galleries, the centre being open to the roof, which is supplied with Watson's ventilators, and open cupola windows on the sides. The building is warmed from the basement to the roof by steam. On the second floor above the sale-rooms are the offices, the kitchen, scullery, bakehouse, dining-room, library, and private apartments of the proprietor. Every room, every corridor, communicates with shafts for ventilation, reaching to the roof. The urinals, lavatories, and water-closets are supplied with a constant stream of running water, and have openings to the outer air. On the floors above this are situate the bed-rooms and work-rooms. There are nearly 300 assistants, one-fifth of whom are ladies; and if they were all daughters of the proprietor, more care could not be bestowed upon them. Nearly every assistant is provided with a separate bed-room, having either a fire-place or ventilator, and all have a separate bed, dressing glass, wardrobe, and washstand. On each floor there is a constant supply of hot and cold water; a bath and shower-bath, which the assistants are encouraged to use as often as they please. The passages are all washed daily. In the kitchen the vegetables are cooked by steam, and the joints by gas. The assistants dine in parties of one hundred, and they have four meals daily. At dinner and supper there is an unlimited supply of meat. It is worth while to note that the consumption of meat was formerly 12 oz. per head per day, and that the quantity has been greatly reduced by giving soups at dinner, and at least four kinds of vegetables, when they can be got. The library of this establishment is well stocked. There is a musical society on the premises, and lectures are occasionally delivered. The ladies alone are held to be responsible in every case of impropriety, and since they have been so there have been no complaints. Besides the assistants, upwards of 200 workpeople come to the work-rooms daily. Forty tailors were at work in one room, and the chief was threatened with a fine because the air was close and the ventilator shut. In the furniture department there is a special room, in which dusty operations are carried on. Mr. Jeffery is, as will be seen, a most energetic and intelligent sanitarian, and it is a great misfortune that he has ceased to be a member of the Health Committee of Liverpool, where he might have assisted just now with great advantage in enforcing the introduction of similar arrangements upon the inhabitants generally.

DRUGGISTS' CHARGES.

To the Editor of THE LANCET.

SIR,—The accompanying quotation (the substance of which is stated to have originally appeared in THE LANCET) tends strongly to confirm the opinion that druggists' charges are frequently so exorbitant that one of two courses must be adopted in order to afford those medical practitioners, whose patients are chiefly of the working classes, a better chance of getting recompense for their services by preserving to their comparatively poor patients much of the money now extorted from them in the shape of enormous charges by druggists for the medicines prescribed.

That the case of overcharge referred to in THE LANCET is far from being a solitary one is quite certain. I can adduce others, and I doubt not that most medical practitioners, who know the original price of drugs, can do so also. The charges, or rather over-charges, may not be, as a rule, so great as in the example recorded by your correspondent; but I know that they are very frequently excessive, and, in justice to medical practitioners and their patients, such extortion ought to be brought to an end.

To remedy the evil, one of two courses, as I have already said, seems necessary—either let the medical practitioners in towns unite and have a laboratory, from which their patients may obtain their medicines at a price merely sufficient to cover all expenses connected with the laboratory, or let every practitioner supply his own patients with the medicines he may prescribe for them. Superfluous professional pride must be cast aside.

I am, Sir, yours truly,

Edinburgh, Nov. 20th, 1870. JUSTICIA.

*** We should be glad of further information as to charges for drugs in Scotland, and the effects on medical practice.—ED. L.

An Old Subscriber requests our opinion as to the stability or solvency of a certain Medical Aid Society. We must decline to give an answer, as matters of business which are quite beyond our province.

HOW TO APPLY LEECHES WITH LEAST TROUBLE AND ANNOYANCE, AND GREATEST EFFICIENCY.

To the Editor of THE LANCET.

SIR,—Having had occasion to order a mustard-poultice for a patient, it became requisite to put some leeches on the same place. I was told that they fastened instantly, filled rapidly, and that the blood streamed afterwards into bread-poultices as if it would never stop. I took the hint; and now, whenever I order leeches, I always have a mustard-poultice applied first, then the leeches (two or three instead of half a dozen), and then bread-poultices. There is less trouble for those who have to apply the leeches, far less annoyance, weariness, and exhaustion for the patient, and a much more satisfactory result. The flow of blood is, however, sometimes so much greater than would be thought likely or possible, that I think it right to add a few words of caution. A few days ago one of my patients, a young lady, grown up, and of average strength, bled to fainting from only two leeches applied in this way. Your obedient servant,

November 8th, 1870. L. R.

SMALL-POX AT LISKEARD.

INFORMATION reaches us that small-pox in its most virulent form is spreading rapidly in the Liskeard Union, and especially in the towns of Liskeard and Callington, where several deaths have occurred. It is alleged that the guardians trouble themselves so little about enforcing the Vaccination Act that there are now not less than 700 unvaccinated children in the union. The public mention of this state of things will, we trust, lead to an intimation from the Privy Council that unless prompt measures are taken by the guardians, they will, like the Hastings guardians, whose case we notice elsewhere, find themselves in the unpleasant position of defendants in the Court of Queen's Bench. The 27th section of the Vaccination Act leaves them no option but to prosecute defaulters, and the sooner they take this fact into serious consideration the better for themselves. It was to Callington, by the way, that the following sentence in a recent annotation in this journal had reference:—"In another part of the country small-pox was imported by a travelling family stopping at a lodging-house." The seed thus soon appears to have found a congenial soil, if our information be correct as to the present prevalence of the disease. When the question comes to be put, as put it will probably be, to the guardians, whether this prevalence of small-pox is in any way attributable to neglect of vaccination, what can they answer?

Mr. George Christian's request cannot be complied with.

MEDICAL EDUCATION IN CEYLON.

To the Editor of THE LANCET.

SIR,—To all interested in the cause of education generally, but to the members of the medical profession particularly, the establishment of the Ceylon Medical School must be a source of extreme gratification. In the northern and central provinces especially of this island so many loathsome diseases prevail, the treatment of which is left to the discretion of a class of ignorant native quacks, that the necessity of such an institution to provide intelligent men with a sound knowledge of European medicine and surgery must have been felt to an eminent degree. And we know that it was felt; for we remember the time when Dr. Elliott first suggested the desirability of an institution of this kind. But the idea was then scouted, and remained so for nearly the past ten years, till at last the extent of misery and suffering, consequent upon the existence of the worst forms of disease and the want of efficient medical men, became so great that the attention of the Government was necessarily directed to it; and through the instrumentality of Dr. Charsley, the principal civil medical officer, and several other members of the medical profession, it was decided that the Medical School should be established "as a means best calculated to benefit the people," its object being "to impart to the native youths of this island a practical, sound, and safe knowledge of medicine and surgery, such as will enable them to engage in private practice, or fill subordinate posts in the public service."

The standard of knowledge required for admittance into the school is very low, judging from the last examination; but it is hoped that it will be raised next time; for if too easy access be allowed to the school, doubtless it will soon cease to stand high in public opinion. Several of the students, however, seem to have received a far more liberal education than the school requires; and to such of those who distinguish themselves during the period of tuition, it is hoped that suitable positions will be granted in the public service. The course of instruction extends to three terms of study, each term commencing on the 1st of June, and ending on the last day of February, after which the successful students will receive certificates to practise medicine and surgery.

On the opening of the school, Dr. Loos, the Principal, delivered an inaugural address on "Modern European Medicine" to a very large audience. No person could have been better selected as Principal than Dr. Loos, a gentleman who is well known throughout the island as an efficient physician and an able scholar. Lectures on Physiology are delivered by him. To Dr. Koch is entrusted the duty of lecturing on Materia Medica, Chemistry, &c. This gentleman has carried off several scholarships in the Calcutta University, and is known to all as a very successful physician. Lectures on Anatomy were first delivered by Dr. Andree, who unfortunately happened to be connected in the well-known Hall case, which terminated in his removal from Colombo to a less lucrative post in the central province. His successor is Dr. Van Dort, whose appointment to this place is the fittest recognition that could have been made of his talents. Under the tuition of such professors, the school must thrive, and, from information received as to its present state, we are sure that it is thriving. The Singalese have all enlisted their wishes for its success; and we hope, therefore, that the Principal and his assistants will not fail to send out men who will not only reflect credit on them, but also be of use to their country.

I remain, Sir, yours truly,

Colombo, October 28th, 1870. S.

Dr. Elizabeth Blackwell.—We are much obliged by the communication; but we fear that our correspondent's proposition would be deemed impracticable. We coincide, however, with Miss Blackwell in thinking it most desirable that some means, other than the police, should be employed for carrying into effect the provisions of the Contagious Diseases Act.

DEGREES IN ABSENTIA.

To the Editor of THE LANCET.

SIR,—A London gentleman has for some time been advertising in a leading Scotch newspaper that he is prepared to grant Medical, Literary, and Theological degrees from foreign Colleges to qualified applicants *in presentiâ* or *absentiâ*. Do you think that it would be compatible with the dignity of a medical man to apply for such degrees? and would they be available for registration under the expected amendment of the Medical Act of 1858, so ably elucidated in a recent issue of THE LANCET?—Yours truly,

December, 1870. CAUSA HONORIS.

*** Such degrees can carry no honour with them. The recognition of them by medical men and others cannot be binding, and they will not be registerable under our or any conceivable Bill.—ED. L.

THE ARMY MEDICAL SERVICE.

A CORRESPONDENT writes to us to say that the approaching examination for the Medical Department of the Army, which will be held in February next, will be looked forward to with interest, as showing the relative popularity of the sister services—the army and navy. The result of the recent examination for the naval medical service—when 9 candidates competed for 25 vacancies, and of this number 6 were found competent—leaves very little doubt as to what the result will be. Still, to make the army medical service popular and desirable, it requires, our correspondent thinks, that several changes should take place, and several grievances be removed. The first and most important grievance is that a medical officer cannot retire on anything like an adequate pension at the end of 20 years' service. Thus a surgeon at the end of 20 years' service, whose pay is £1 a day, can retire only on the 5-10ths of his pay, or 10s. a day. This sum is wholly insufficient for an officer, who has, perhaps, spent three-fourths of his service abroad in malarious and tropical climates, and has "borne the heat and burden of the day" in many a foreign hospital. A medical officer who has served twenty years should be able to retire on £1 a day, and until this be granted, discontent will prevail. Promotion is much too slow—in fact, almost at a stand-still. There are assistant-surgeons of over fifteen years' service. To restore confidence and remove discontent from amongst the juniors, a certain number of the inspectorial ranks must be compelled to retire. This is a point of vital importance, and must be insisted on. As for length of service, the increments of pay are too small, and the intervals too long.

Mr. Henry Moore.—Dr. A. King's work is published by Renshaw, Strand.

ACCIDENTAL AND UNAVOIDABLE HEMORRHAGE.

To the Editor of THE LANCET.

SIR,—In a paper published in your journal a year or more since, Mr. Edward Calthrop suggested that an additional point of diagnosis between accidental and unavoidable hæmorrhage might be found in the character of the discharge, which in the former complication of labour he observed to be uncoagulable—in other words, to consist of defibrinated blood. He again alluded to this observation in explanation of a case related in THE LANCET a few weeks since.

At the time of reading Mr. Calthrop's remarks, although it struck me that I had not recognised this appearance, I found that I had no notes to assist memory; but since then I have carefully watched each of several cases of the kind occurring in my practice, and have not been able to observe in any of them that the discharge was to any great extent—far less solely—uncoagulable. I may relate one of them, which is eminently suited to illustrate Mr. Calthrop's position.

Mrs. H——, a strong, healthy subject, was attacked by accidental hæmorrhage after the commencement of her seventh labour. Pain was frequent, regular, slight; the hæmorrhage not great. I saw no occasion for interference. The hæmorrhage was, therefore, allowed to continue. Three or four times during labour I removed from the bed a handful of clot, until in four hours and a half the child was expelled.

The theory propounded is that, in accidental hæmorrhage, the blood, in traversing the passage between the uterus and its contents, is gradually strained of the chief part of its fibrine, so that the liquor sanguinis and some corpuscles are alone discharged; while in unavoidable hæmorrhage the discharge is so direct that the fluid escapes entire. In the case just related, in the slow, moderate flow of blood were the conditions most favourable to the straining process, which does not appear to have operated. Nor is this a solitary instance. On two or three other occasions I observed the same thing. At the same time in some of these cases there certainly was at intervals a discharge of uncoagulable fluid, though in such quantity as would easily escape the eye of any but a very close observer, or one forewarned. Where does this come from?

When clot is submitted to pressure, liquor sanguinis escapes in quantity proportionate to the force used and the size of the clot; hence it follows that a coagulation between the uterine wall and its contents will, on the return of contraction, yield this fluid. If hæmorrhage is not arrested, although there is partial coagulation, and contraction occur, there will be a discharge of blood and of liquor sanguinis; but the perfect blood may be expected to exceed the latter in quantity, and so to conceal it. If, however, *hæmorrhage has ceased*, the character of the discharge will be undisguised, and may, from its uncoagulability, arrest attention. An illustration of this may be taken from ordinary epistaxis. Troubled by headache, one welcomes bleeding from the nose as a means of relief to the overcharged vessels of the head, and the bleeding is allowed to take its course. After a time the drops follow one another more and more slowly, and, in the hope of re-establishing the flow, one is tempted to blow away the clot which is apparently obstructing it. But so far from the bleeding being encouraged, it is at once discovered to have stopped entirely; and in point of fact these last reluctant drops are more dribblings of liquor sanguinis from the clot which occludes the lately bleeding surface, and which cease to flow upon its removal from the nostril. So far, then, from this sign being a point of difference between hæmorrhages, I should rather take it as an indication of arrested hæmorrhage.

I should not venture to make these remarks if I had not myself anxiously awaited some correspondence upon the subject last year. Since then I have had the opportunity of observing for myself, and I believe the result may be interesting to some of your readers.

I am, Sir, your obedient servant,
J. ASHBURTON THOMPSON, L.R.C.P. Lond., &c.
Caledonian-road, Nov. 10th, 1870.

THE DIGNITY OF THE FELLOWSHIP.

LOUD complaints reach us from the neighbourhood of Birmingham of the way in which a Fellow of the College of Surgeons practises the more ordinary parts of medical duty, such as the dispensing of medicine, midwifery, and extraction of teeth on low terms, &c. There is a large disproportion here between the position of the practitioner and his style of practice. We would advise all such Fellows to consider "their rank."

YELLOW FEVER IN SPAIN.

"AN ENGLISHMAN IN SPAIN," whose occasional letters to the *Pall Mall Gazette* on Spanish affairs are full of life and character, writes to that journal, under date of 20th ult., stating that yellow fever has greatly subsided in Barcelona since the cold weather set in, the deaths having fallen to three or four a day only. That the epidemic is not considered to be over is evident from the fact that the Government authorities have not yet returned to the city, and that the wealthy inhabitants still remain in the more distant suburbs. The quarantine arrangements of the port seem to have been utterly inefficient, even scandalously so, in their character, and complaints on that score are abundant. The "Englishman" says: "The Spaniards must trust less to saints and more to sewerage, less to holy water and more to chloride of lime, if they want to escape such danger and degradation as has been the lot of the capital of Catalonia for nearly three months."

T. W. G., (Brixton.)—We shall be glad to receive a notice of the proceedings; but it is not our custom to comply with our correspondent's special request.

REMOVAL OF A CONGENITAL TUMOUR.

To the Editor of THE LANCET.

SIR,—The enclosed paper was read before the North Staffordshire Medical Society on the 17th of February last; and as several members expressed an opinion that it should be published, I forward it to you for that purpose.

MR. PRESIDENT AND GENTLEMEN,—MRS. C—— was delivered of a full-grown child on the 22nd of April, 1860, when my attention was arrested by a bag-like looking tumour on the lumbar region of the child's back, which was attached by a ligamentous band or pedicle to the space between the last dorsal and first lumbar vertebræ, which pedicle was about two inches or rather more in length, and rather thicker than one's finger, covered with loose cellular tissue and skin, ending in a bag-like substance of the size of a large hen-egg. The child cried very much on being moved, and on pressure of the pedicle incipient convulsions came on; but on raising and supporting the tumour, it evidently gave relief and a sense of easiness, for the little patient became quiet. I was asked what should be done? I said my own idea was that I should interfere with it surgically; but, being a peculiar case, I would take time to consider, and in the meantime a small bag should be made to support the tumour, and tied around the waist. The next morning I took an old medical friend to see the case, and his opinion was that any surgical interference meant death to the child; that it would in all probability live a few months, and then die. Acting on this opinion, I allowed the case to go on until the child was two months old; the mother in the meantime getting the opinion of everyone she came near, amongst others several medical men in the neighbourhood, all of whom said nothing could be done. On several occasions, when the sac became fuller than usual, I punctured it, and let out sometimes a considerable quantity of serous fluid, to the evident comfort of my little patient. At my request the child was taken to Mr. Garner, of Stoke, a well-known and eminent surgeon, who gave it as his opinion that, as the pedicle was so small, a ligature might possibly be passed around it, but that this should be done very cautiously. I was much pleased with this opinion, and on the next day (June 23rd) I placed a silk ligature around the pedicle close to the body of the child, tying it with a bow, with strict injunctions that it should be loosened in case convulsions came on. The child cried lustily for several hours, for which I ordered an opiate mixture to be given every two hours until it became easy. On the day following I tightened the ligature, and in a day or two I used wire, which was daily tightened until the 13th of July, when I removed the dried-up substance by means of a small pocket-knife external to the wire ligature. The remains of the pedicle I touched frequently with nitrate of silver, and on the 31st of August I pronounced the child cured, which I now, on the 17th day of February, 1870, produce for the inspection of the members of the North Staffordshire Medical Society.

Yours very truly,
JAMES WEAVER, L.R.C.P., &c.
Longton, Staffordshire, Nov. 29th, 1870.

TARIFFS OF MEDICAL FEES.

WE are requested to state that copies of the "Tariffs of Medical Fees" may be obtained for threepence the copy on application to Mr. Wardle, Bookseller, Shrewsbury.

Traveller should inquire at the American Embassy.

MEDICAL ETIQUETTE AND SANITARY LAWS.

To the Editor of THE LANCET.

SIR,—I beg to thank you for your courtesy in publishing my letter on the above subject.

With respect to your remark that "typhoid fever is not infectious.....If the evacuations are promptly removed," I would observe that this proviso is not easy to carry out when the evacuations are involuntarily passed in bed, even with the advantages of an expert nurse and unlimited bed-linen. With an ignorant pauper nurse, and the appliances to be found in a small cottage or a crowded workhouse, it is, so far at least as my experience goes, an utter impossibility. Perhaps this will account for the fact that, with a rather large experience in typhus and typhoid fevers, I have usually found reason to think them infectious, and therefore object to receive cases into the workhouse.

An interesting circumstance has occurred with regard to the period of incubation in these very cases. When the family was broken up, four patients had suffered from fever, and four remained unaffected, although they had been constantly in the same room with the others. Now, of these healthy children, one was sent into a healthy family in the same village, and another to a healthy family in a village about two miles away. These two children remained quite well until the tenth and eleventh day after their removal, when they were respectively taken ill, and are both suffering from fever at the present time.

There are no other cases of fever in the neighbourhood. Can these cases be explained otherwise than by the theory of infection? I do not recollect to have seen the period of incubation mentioned before.

I am, Sir, yours faithfully and obliged,
Grimston, Lynn, Norfolk, Dec. 6th, 1870. ALFRED E. BARRETT.

Dr. Williams (King's Lynn) is thanked for his communication, which is, however, scarcely suited to our columns. The question is one which can only be decided, if it is ever to be decided, by a number of skilfully devised experiments, and by a series of observations carefully and honestly carried out. Until this has been done, it were better to suspend judgment altogether.

TINEA DECALVANS.

To the Editor of THE LANCET.

SIR,—In your impression of November 19th are some remarks upon Tinea Decalvans, and the opinion that the disease is contagious appears to be that of the writer. Now, as I am convinced that such opinion is erroneous, I have troubled you with this letter, premising that I think I have had more than usual opportunities of seeing the disease, and have carefully watched for it during nearly twenty years, being first induced to do so by a case in my own domestic circle. The case was that of a young girl of fourteen, who slept with her sister, aged twelve, during the whole progress of the disease, which lasted about a year. There were also five other children in the house. In order to establish the diagnosis beyond doubt, she was seen by three of the most eminent authorities on skin diseases in London, who all agreed that it was an indubitable case; but no one else was affected by the disease. Since this I have seen nearly 100 cases, in none of which has any contagion been manifested. At the Forest Gate District School, containing, on an average, 800 children from the poor parishes of Poplar, Whitechapel, and Hackney, where, it will be obvious, samples of every kind of skin disease are constantly occurring, tinea decalvans is no exception, and I am rarely without a case in the school; but it has never, during the seven years I have been medical officer, spread. I have just sent away two well-marked cases of two boys, who have had it ever since last February. These cases were left entirely alone without treatment of any kind, and were associated with nearly 300 other boys day and night; but none have become affected. The cases are now recovering, light downy hairs appearing on the patches. The boys have left for the training-ship *Goliah*. So satisfied am I of the non-contagious character of the disease that I have for years refrained from separating these cases from the other children. I used to take a great deal of trouble in treating them; but I find that they generally do just as well if left alone; in fact, their general duration is about a year. It appears to me that if it be admitted that the disease is non-contagious, it goes a long way towards disproving the existence of a specific fungus; for surely if such an element exists, it must have found a nidus in some of my cases. Your obedient servant,

November, 1870. T. J. VALLANCE, M.D., F.R.C.S. (Exam.)

"*" If our correspondent will again refer to the concluding sentence of our annotation, he will see that we have declared in positive terms that the information which we at present possess relative to the nature of tinea decalvans warrants the inference that the disease is not of parasitic origin, or, in other words, that it is not contagious—an inference consonant with our correspondent's own personal experience. At the same time we stated that such facts as those recorded by Dr. Hillier, showing apparently the spread of the disease from one to between thirty and forty children in a particular school, are very interesting, and deserve at least careful examination in reference to the question of the possible contagiousness of the disease under rare and exceptional circumstances, and the asserted parasitic origin of the affection. Whilst we oppose, we must give due respect to the opinion of so accurate an observer as Bazin, who still holds to the parasitic nature of tinea decalvans.—ED. L.

ETHICS OF THE PROFESSION.

To the Editor of THE LANCET.

SIR,—The only reply I feel inclined to make to Dr. Riding is by restating the facts of the case in question.

In October last I was taking holiday in the country. On the 31st, I received a letter from London, asking me to make an appointment to see Capt. F—— on the morrow. Not a word was stated about meeting any other medical man. I wrote to Capt. F——'s address, stating I would call the next day at twelve o'clock. On my arrival in Sussex-square at ten o'clock, I found so many urgent matters requiring my attention, that I was unable to pay the visit to Capt. F—— at the time I had named. At half-past twelve o'clock I saw my son, who then told me Dr. Riding was attending Capt. F——, and that I was expected to meet him. I then resolved to write an apology to Dr. Riding, explaining the cause of my non-appearance. Before I could do so, a friend of Capt. F——'s called, who told me the doctor had waited half an hour, when he had left, stating I was "at liberty to see the patient," and that I might "do anything in my power to relieve him." On this distinct undestanding I went, accompanied by his friend, to see Capt. F——. I found him with enormous anasarcous swellings of the lower extremities, and of the scrotum and penis. I made out a circumscribed tumour in the lower part of the abdomen, surrounded by tympanitic distension. I then inquired when he had passed urine, and was told he had not done so since Sunday, October 30th, or forty-eight hours before I saw him, and then only scantily. Capt. F—— could not be roused to consciousness. The penis and scrotum were so swollen by effusion, that I was obliged to puncture the same freely before attempting to pass a catheter. The dropsical distension and distortion of the penis had evidently interfered mechanically with micturition. I then drew off into a vessel at least a pint and a half of urine, and much more at the same time escaped by the sides of the catheter. The patient soon after became conscious, and answered questions, and was evidently for the time relieved. I went into the drawing-room, when the family again asked me to take charge of the case. This I declined to do, stating that Dr. Riding would, no doubt, call on the morrow, and continue his attendance.

It appears to me a very simple question—Was I right in doing as I did under the circumstances? I thought at the time, and think still, that it would have been an act of gross inhumanity on my part if I had omitted to empty the bladder. I should have felt obliged if any professional man under similar circumstances had done the same in the case of a patient of my own. This was my first and only visit.

I decline to answer Dr. Riding's petulant and irrelevant remarks, and I equally decline to retract one word I have written respecting his conduct in my consulting-room. Your obedient servant,

Sussex-square, Dec. 5th, 1870. WALTER J. BATANT.

Dr. Edward Sutcliff, (Wandsworth.)—Our correspondent's little invention is ingenious, and would, no doubt, be likely to prove serviceable in many cases. Messrs. Savory and Moore have designed a similar apparatus upon exactly the same principles as that of our correspondent, and to answer the same objects. There are some differences of detail, and our correspondent's apparatus has the merit of being very cheap. But would it be worth while for him to publish the description of his invention?

Twenty Years.—Nemo, Hercule, nemo!

J. C. H. should apply by letter to the Commissioners in Lunacy, from whom he will receive full information upon the subject.

Trapezius.—Certainly not, and no amount of irregular custom can ever make it law.

CHLORAL ALCOHOLATE.

To the Editor of THE LANCET.

SIR,—If any of your readers can testify, from personal observation, the difference (if any) in the therapeutical and physiological action of hydrate of chloral and alcoholate of chloral I shall feel obliged.

Alcoholate of chloral (which contains a less percentage of chloroform, is produced at less cost, and is much more convenient for dispensing) is now largely sold; and it is, I think, a matter deserving serious consideration, since Dr. Liebreich has asserted that its action is not reliable.

I am, Sir, yours, respectfully,

Dec. 1870. CHEMICUS.

P. M. R. will find the subject of his note treated elsewhere with the consideration it deserves.

A Medical Student, (Manchester.)—We have not seen the articles to which our correspondent directs attention.

Dr. Fiddes (Aberdeen) is thanked for his communication, which shall be inserted next week.

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Murchison; Dr. Aldis; Dr. M'Call Anderson; Dr. M. Taylor; Mr. Crewe, Wellington; Mr. Wright; Dr. Stevens; Mr. Bakey, Darlington; Mr. Weale, Exeter; Dr. Elay, Manchester; Mr. Forster; Mr. Mackintosh; Mr. Gream, Enfield; Mr. Protheroe; Dr. Shaw, Staplehurst; Mr. T. Symons, Wellingborough; Dr. Sutcliff, Wandsworth; Mr. Lomax, Stafford; Mr. Harris, Otley; Mr. Headlam, Darlington; Mr. Hayward; Mr. Ewens; Mr. Teale, Leeds; Dr. Gordon, Poona; Mr. Hewett; Dr. Somerville, Melrose; Mr. Harman; Mr. Parkinson, Broston; Mr. Pilchard; Mr. Sharp, Manchester; Mr. Eve; Dr. Wybrants; Mr. Deane; Mr. W. A. Archer; Mr. Thomson, Melbourne; Mr. Coventry; Mr. Green, Edinburgh; Mr. M'Vail; Mr. King; Mr. Taaffe; Dr. Balbirnie; Mr. Alexander; Mr. Greaves; Mr. Robinson; Mr. Dixie; Mr. P. Mountcastle; Messrs. Asher and Co.; Mr. R. Solly, Birmingham; Dr. Maclagan, Newcastle-on-Tyne; Dr. Hunter; Mr. P. Wood, Perivale; Mr. W. J. Bryant; Mr. Barber; Mr. A. Belton; Dr. Fussell, Brighton; Dr. Curran, Dublin; Mr. Bewley; Mr. Christie; Dr. Fiddes; Mr. Moore; Mr. Bogg, Louth; Mr. Dobson, Bristol; Mr. Hotham; Mr. Dabbs, Stamford; Mr. Cooke; Mr. Culling, West Lydford; Mr. Smith, Wadebridge; Mr. Evanson; Mr. Taylor, Barslem; Mr. Blake, Andover; Mr. Addison; Dr. Skey, Reading; Mr. E. J. Adams; Mr. Dunn; Mr. Morris, Petworth; Mr. Barker; Mr. Kao; Dr. Long; Mr. Warwick; Mr. Barrett, Grimston; Dr. Reynolds, Pembroke Dock; Mr. Stevens; Dr. Goss, Bath; Mr. Ruffe, Tamworth; Messrs. Otto, König, and Co.; Mr. Taylor, Bradford; Mr. Hill, Newport; Mr. Hind, Taunton; Dr. Fiske, St. John's, New Brunswick; Mr. Mumford; Dr. Tylecote, Sandon; Dr. Richards, Hanwell; Mr. Tyrrell, Dublin; Ethnological Society; M.D.; Canna Honoris; M.R.C.S.; J. D.; O Tempora, O Mores; A Subscriber, Queenstown; One Interested; Celsus; Pharmacist; J. C. H.; A Twenty Years' Doctor; Fair Play; Chemicus; A University Medical Student; P. M. R.; R. W.; Traveller; J. R.; M. A.; Trapezius; &c. &c.

Australian Medical Journal, Lloyd's Newspaper, Chorley Standard, Shield, New South Wales Medical Gazette, Brighton Guardian, Indian Medical Gazette, Parochial Critic, Australian Medical Gazette, European Mail, Overland Ceylon Observer, and *North Wales Chronicle* have been received.

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